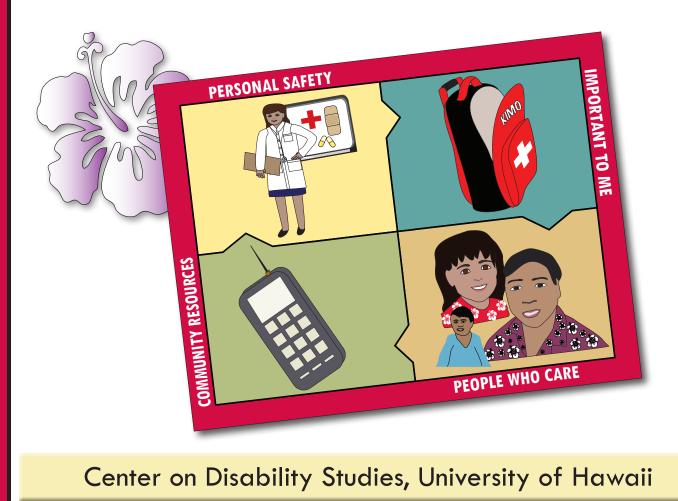
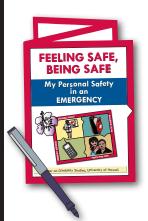
FEELING SAFE, BEING SAFE

My Personal Safety in an EMERGENCY



FEELING SAFE, BEING SAFE

MAKING YOUR OWN PLAN



This worksheet and magnet will help you make a plan and support you during an emergency.

It will help you think about:

Important people to call.

Being safe at home.

A safe place to go.

Complete all the pages in the worksheet. Put it in your emergency kit.

The magnet will show important information about you. Fill it in using information from your worksheet.

You can use a pen or marker. Put it on your refrigerator.

Have someone help you:

- Get all the information you need.
- Put your emergency kit together.
- Complete the worksheet.
- Fill in your magnet.



however, it may not be altered in any way

Original Design California Department of Developmental Services Consumer Advisory Committee



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| | PERSONAL SAFETY IMPORTANT INFORMATION ABOUT ME | | | |
|-----------------------|---|--|--|--|
| PERSONAL INFORMATION: | | | | |
| My Name | | | | |
| TINCE | Holder/Insurance Card # | | | |
| 304 1103 | | | | |
| COMMUNIC | ATION. | | | |

ICATION:



|)) | My way of talking |
|--------|------------------------|
| | Best way to talk to me |

Best way to assist me

How I respond to stress _____

HEALTH/MEDICAL INFORMATION:

| My Meds | | | | |
|-----------------------------|---------|--|--|--|
| | | | | |
| My Doctor | | | | |
| My disability/medical needs | | | | |
| Good to know about me | | | | |
| | | | | |
| IMPORTANT THINGS I USE: | | | | |
| | | | | |
| | | | | |
| | | | | |

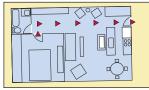
2



REMEMBER:

- Put your name on your kit.
- Put your kit in a place easy to find.
- Tell important people where your kit is.
- Check kit for expired items.

GOOD IDEAS ABOUT BEING SAFE AT HOME:



Clear pathways to enter and leave easily.

Keep window and door areas free of clutter.

PEOPLE WHO CARE

IMPORTANT PEOPLE IN AN EMERGENCY

- -

| SOMEONE WHO LIVES VERY CLOSE: | | | | |
|--|---------------|--|--|--|
| Neighbor | # | | | |
| Apt. Manager | # | | | |
| Family/Friend | # | | | |
| OTHER IMPORTANT CONTACTS: | | | | |
| Support Staff | # | | | |
| Program/Service | # | | | |
| Out of State Contact | # | | | |
| COMMUNITY RES | OURCES | | | |
| WHO TO CALL FOR EMERGENCY IN | | | | |
| 911 |)) | | | |
| Fire # | | | | |
| Police # | | | | |
| Other | | | | |
| WHERE TO GET INFORMATION TO BE SAFE IN AN EMERGENCY: | | | | |
| Radio Station T | V Station | | | |

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