

PERSONAL SAFETY

IMPORTANT INFORMATION ABOUT ME

PERSONAL INFORMATION:



My Name _____

Health Insurance _____

CARD NUMBER

HEALTH/MEDICAL INFORMATION:

My Meds _____





My Doctor _____



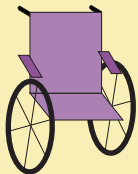
Information about my disability _____

IMPORTANT THINGS I USE:



Glasses

Hearing aides



Wheelchair

Walker

Service animal

Other _____

COMMUNICATION:

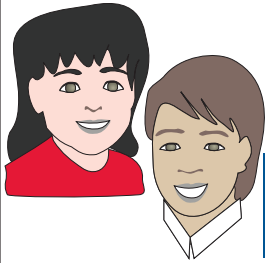


My way of talking _____

Best way to talk to me _____

Best way to assist me _____

How I respond to stress _____



PEOPLE WHO CARE

IMPORTANT PEOPLE IN AN EMERGENCY

SOMEONE WHO LIVES CLOSE



Neighbor _____ # _____

Apt. Manager _____ # _____

Family/Friend _____ # _____

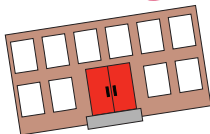
OTHER IMPORTANT CONTACTS

Support Staff _____ # _____

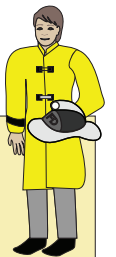
Program _____ # _____

Regional Center _____ # _____

COMMUNITY RESOURCE



WHO TO CALL FOR EMERGENCY INFORMATION



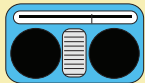
911



Office of Emergency Services _____

Fire # _____ Police # _____

WHERE TO GET INFORMATION TO BE SAFE IN AN EMERGENCY:



Radio Station _____



TV Station _____