Participant’s Name: __________________________

**General Safety - Possible Safety Issues to Consider:**
1. Where are your first aid items located? ____________________________________________________
2. What do you do if a stranger comes to your door? ____________________________________________
3. Do you lock your doors or have a security system? __________________________________________
4. What do you say if a stranger calls and asks you questions? __________________________________
5. Can you give an example of Abuse, Neglect, or Exploitation? ________________________________
6. Who would you call to help in this situation? ________________________________________________
7. Are emergency numbers posted in your home? If so, where? _________________________________
8. Do you have a survival kit such as water, radio, blankets, old shoes, canned food? _______________

**Fire - Possible Fire Issues to Consider:**
1. If there was a fire, how do you exit the building? _____________________________________________
2. Do you have a fire extinguisher? Have you been trained to use it? ______________________________
3. What is your route? What if that route is blocked? __________________________________________
4. Do you have a designated meeting place? Where? ____________________________________________
5. Who would you call for help? __________________________________________________________________

**Tornado - Tornado Issues to Consider:**
1. Where do you go if you hear tornado sirens? ________________________________________________
2. Do you have a weather radio? Where? _____________________________________________________

**Power Outage - Power Outage Issues to Consider:**
1. Do you have a flashlight? Where do you keep it? Can you find it in the dark? _________________
2. If your electricity goes out how would you call to report the outage? __________________________
3. Do you have life-sustaining equipment? Has your electric company been notified? _____________

**Flooding - Flooding Issues to Consider:**
1. When does flooding occur? Could your home be flooded? ______________________________________
2. Who would you call if you had flooding from a broken water pipe? ______________________________

List other areas that are specific to your Emergency Preparedness needs:

Please sign below indicating this information was discussed with the individual receiving services, the guardian/PA (when appropriate) and staff.

Signature: ____________________________ Title: ______________ Date: ____________

Signature: ____________________________ Title: ______________ Date: ____________

Signature: ____________________________ Title: ______________ Date: ____________