



DEVELOPMENTAL DISABILITY AND SPECIAL NEEDS EMERGENCY PACKET

FAMILY EMERGENCY PLAN

Before an emergency happens sit down together and decide how you will be in contact with each other, where you will go and what you will do in an emergency. Keep a copy of this plan in your car, at home and give a copy to all those who care for your child, such as school and adult day programs, daycare providers. Take it with you when you travel.

CRITICAL INFORMATION

Individual's Full Name (First, Middle, Last)		Date of Birth
Tracking Device Information		
Company Name	Tracking Number	Tracking Company Phone #
Individual's Official Diagnosis		
Individual's Identifying Marks	Behaviors (biting, hitting, sings when scared, etc.)	
Medications	Medical Needs (ex. Allergic to sulfa, hearing loss in right ear, etc.)	

EMERGENCY STEPS WHEN CALLING FOR A SPECIAL NEEDS MISSING PERSONS

√	Always call 911 immediately if your loved one is missing.
√	Clearly state the missing individual's name for the 911 dispatcher.
√	State that they have a cognitive impairment, provide the diagnosis, state they are disabled and have no sense of danger.
√	Tell them when you noticed the individual was missing, what clothing he or she was wearing.
√	Tell them to immediately dispatch personnel to nearby water sources (lakes, ponds, pools) if the individual is attracted to water
√	Provide information about the individual's tracking device – company, type and number, if applicable.

EMERGENCY POINT PERSON

Create an emergency point person who can contact neighbors, fax your alert form to local law enforcement and assist in making arrangements.

Should your loved one go missing, make sure this contact person has a cell phone, knows what the individual is wearing, any identifying features, where they were last seen, how long they may have been gone, any medical needs or allergies the individual may have, the individual’s likes and dislikes and main attractions. Provide your emergency contact with a copy of this plan.

Emergency Contact Name	Phone Number

AREAS TO SEARCH

List the main places the individual may likely go within the neighborhood, as well as the most dangerous areas nearby. Search these areas first. If you have assigned searchers ahead of time, make sure they know which location is assigned to them.

Location Name	Description
<i>Example: Jack Hill Park</i>	<i>Fascinated by the creek (unable to swim) and loves to swing.</i>

IDENTIFIED SEARCHERS

Before an emergency happens, assign at least five willing searchers who will commit to searching for your child in the event of an emergency. Make sure they would be immediately available, willing and understand which search location is assigned to them.

Name	Phone Number	Assigned Location

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Note: It is always a good idea to think about how you would adapt this plan to have helpers when you are traveling.

PREFERRED CAREGIVER

This individual is the person who will care for your loved one if you are unable to do so. Make sure they are local and available during emergencies.

Name	Relationship to the Special Needs Individual
Phone Number(s)	Address

CAREGIVER CHECKLIST

	I have secured the home of my loved-one’s known risk level.
	I have looked into tracking devices and found the best fit for my family.
	I have alerted my trusted neighbors.
	I have built a relationship with my local first responders.
	I have a wearable ID for my loved-one that includes emergency contact info.
	I have completed my family’s emergency plan.
	I have submitted our Developmental Disability Alert Form to all first responders and given copies to our emergency contact and all care providers.
	I have given copies of our emergency packs to schools, group homes and all care providers.
	I have a copy of our emergency packet in our home and all family vehicles.
	I have an extra copy of our emergency pack to take with us when we travel.
	I have addressed adapting our emergency plan for travel and alternate care providers such as summer camps, etc.

CAREGIVER LOG

Caregiver Name	Date
Special Needs Individual's Name	

RESOURCES AND CONTACTS – ELK GROVE	
Emergency Dispatch	911
Police (Non-Emergency)	Elk Grove Police Department 8400 Laguna Palms Way Elk Grove, CA 95758 (916) 714-5115
Fire (Non-Emergency)	Cosumnes Fire Department Headquarters Phone Number (916) 405-7100
Your Doctor (Name & Phone Number)	
Preferred Hospital	
Other Important Numbers	
Center for Missing and Exploited Children	(800) 843-5678

Record places the individual has been found in the past, places they may go or avoid, as well as anything else that may help locate them.



DEVELOPMENTAL DISABILITY ALERT FORM

PERSON-SPECIFIC INFORMATION FOR FIRST RESPONDERS

PERSONAL INFORMATION

Individual's Full Legal Name		Preferred Name	<div style="border: 2px dashed black; width: 100%; height: 100%; padding: 10px;"> <p>Attach Current Photo Here</p> </div>
Date of Birth		Address	
Individual's Cell Phone Number		Cell Phone Carrier	
Does the Individual Live Alone?		California ID No. (if applicable)	
Yes <input type="checkbox"/>	No <input type="checkbox"/>		

PHYSICAL DESCRIPTION

Gender	Height	Weight	Eye Color	Hair Color
Male <input type="checkbox"/> Female <input type="checkbox"/>				
Scars or Other Identifying Marks				

ADDITIONAL INFORMATION

Relevant Medical Conditions in Addition to Developmental Disability (check all that apply)			
<input type="checkbox"/> No sense of danger	<input type="checkbox"/> Blind	<input type="checkbox"/> Deaf	<input type="checkbox"/> Non-verbal
<input type="checkbox"/> Mental illness	<input type="checkbox"/> Attracted to water	<input type="checkbox"/> Prone to seizures	<input type="checkbox"/> Autism
<input type="checkbox"/> Other (please explain):			
Prescription Medications Needed			
Name of Medication	Dose	Time	Side Effects

DEVELOPMENTAL DISABILITY ALERT FORM

Sensory issues, if any (please include known triggers that may cause negative behavior):
Atypical behaviors or characteristics of the individual that may attract the attention of responders:
Individual's favorite toys, objects, music, discussion topics, likes or dislikes:
Calming Methods and any additional information responders may find helpful:

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Individuals preferred method of communication (If nonverbal: sign language, picture boards, written words, assistive technologies, etc.):

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Identification information (i.e. do they wear tags, ID card, medical alert bracelet, etc.):

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Tracking Information:

Company Name	Type of Device
Company Phone Number	Tracking Number (if applicable)

List nearby water sources and favorite attractions or locations where the individual may be found:

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EMERGENCY CONTACT INFORMATION

List parent, guardian, head of residence, care provider, or conservator.

Name		Relationship	
Primary Phone Number		Other Phone Number	
Address			
Alternate 1 Name		Relationship	
Alternate 1 Primary Phone Number		Other Phone Number	
Address			
Alternate 2 Name		Relationship	
Alternate 2 Primary Phone Number		Other Phone Number	
Address			

PLEASE COMPLETE THIS FORM AND RETURN IT TO:

ELK GROVE POLICE DEPARTMENT - RECORDS DIVISION
8400 LAGUNA PALMS WAY
ELK GROVE, CA 95758