



# DEVELOPMENTAL DISABILITY AND SPECIAL NEEDS EMERGENCY PACKET

## FAMILY EMERGENCY PLAN

Before an emergency happens sit down together and create an emergency plan. As you create this plan you should decide how you will keep 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 and, at home. Be sure to give a copy to anyone who provides care or supervision for your child or dependent adult, such as schools, adult day programs and, daycare providers. Take a copy of the plan with you when you travel.

### CRITICAL INFORMATION

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 bees, hearing loss in right ear, etc.)	
Special Needs/Dependent Adult Cell Phone number:		Carrier:
Social Media User Names:		Platforms:
Credit Cards/Money Carried:		

### EMERGENCY STEPS WHEN INDIVIDUAL IS MISSING

<input checked="" type="checkbox"/>	Call 911 immediately if your loved one is missing.
<input checked="" type="checkbox"/>	Clearly state the missing individual's name for the 911 dispatcher.
<input checked="" type="checkbox"/>	State that they have a cognitive impairment, provide the diagnosis, state they are endangered.
<input checked="" type="checkbox"/>	Tell the 911 Dispatcher when you noticed the individual was missing and, what clothing he or she was wearing. If you don't know what they were wearing, check for missing clothes after you call 911.
<input checked="" type="checkbox"/>	If the individual is attracted to water or other nearby hazards report this immediately to the dispatcher.
<input checked="" type="checkbox"/>	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. This person may also be designated to, fax your alert form to local law enforcement and assist in making any other needed arrangements.

Should your loved one go missing, make sure this contact person has a cell phone and can provide all relevant information about the missing person. The contact person should, know what the individual was last 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.

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

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FAMILY EMERGENCY PLAN**

**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.

<b>Name</b>	<b>Relationship to the Special Needs Individual</b>
<b>Phone Number(s)</b>	<b>Address</b>

**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 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 – Calaveras County	
<b>Emergency</b>	911
<b>Sheriff (Non-Emergency)</b>	Calaveras County Sheriff's Office 1045 Jeff Tuttle Dr. San Andreas, CA 95249 (209) 754-6500
<b>Fire (Non-Emergency)</b>	CAL-Fire Headquarters Phone Number (209) 754-1187
<b>Child/Adult Dependent Doctor:</b>	
<b>(Name &amp; Phone Number)</b>	
<b>Preferred Hospital</b>	
<b>Other Important Numbers</b>	

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

**RETURN THESE PAGES TO THE CALAVERAS COUNTY SHERIFF'S OFFICE**

Individual's Full Legal Name	Preferred Name	Attach Current Photo Here
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	Shoe Size	Preferred Shoe Type		

**\*Caregiver: Please take an impression of common worn shoes by placing a piece of aluminum foil and stepping on carpet**

### ADDITIONAL INFORMATION

Relevant Medical Conditions in **Addition To Developmental Disability** (check all that apply)

No sense of danger    
  Blind    
  Deaf    
  Non-verbal  
 Mental illness    
  Attracted to water    
  Prone to seizures    
  Autism

Will hide from searchers? Y or N    
 Will respond if name is called? Y or N

Prescription Medications Needed			
Name of Medication	Dose	Time	Side Effects

DEVELOPMENTAL DISABILITY ALERT FORM

Sensory or dietary issues, if any (please include known triggers that may cause **negative** behavior):

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Atypical behaviors or characteristics of the individual that may attract the attention of responders:

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Individual's favorite toys, objects, music, discussion topics, likes or dislikes:

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Calming Methods and any additional information responders may find helpful:

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DEVELOPMENTAL DISABILITY ALERT FORM

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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DEVELOPMENTAL DISABILITY ALERT FORM

**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	

PRIVACY DISCLAIMER: Please note that any information provided herein and shared with law enforcement may not be kept private. The information, including, without limitation, personal characteristics and medical information, may be shared with other law enforcement, SAR, and Fire personnel in an effort to better interact with and/or locate the subject individual and return him/her home safely. By sharing any information contained herein to law enforcement, you represent and warrant that you are authorized to provide the information on behalf of the subject individual, and consent to such information being shared in the sole discretion of law enforcement.

**PLEASE COMPLETE THIS FORM AND RETURN IT TO:**

**CALAVERAS COUNTY SHERIFF'S OFFICE - RECORDS DIVISION**  
**1045 JEFF TUTTLE DRIVE**  
**SAN ANDREAS, CA 95249**

\* Disclaimer information that some of this information may be disseminated to the public to help aid in the search