



Municipal General Safety Information

for Residents with Disabilities and Special Health Needs

Information provided and recorded is confidential and for the purpose of safety. Information provided by or for the resident is voluntary. The person has the option to answer or decline to answer any or all questions.

Municipality: _____

Initial Updated Date: _____ Completed by: _____

Name of Resident: _____

Resident's preferred name: _____ Resident's preferred pronouns: _____

Resident's email address: _____ Phone number: _____ Other: _____

Method of interaction: Fully independent Supported by parent, caregiver, guardian, etc. Needed support _____

Primary language : _____ Other language? _____ Needs alternative/augmented communication: Yes No _____

Method of communication: verbal alternative/augmented communication device ASL other _____

Mobility : _____ Mobility needs/supports: cane walker wheelchair other _____

Residence: Apartment House Other Address _____

Describe living arrangement (independently, with family, support personal, etc.) _____

Who should be notified if there is an emergency? _____

Age of resident: _____ Resident's description of disability(ies), medical conditions, allergies, sensory concerns, other special health need(s): _____

Other people in the residence with disabilities or special health needs? Yes No _____

Has resident expressed any safety concerns in the residence? Yes No _____

Has resident expressed any safety challenges within the community? Yes No _____

Is it common for resident to wander, elope, or feel lost? Yes No Has resident ever lost the ability to recognize familiar places and faces? Yes No

Has caregiver ever needed to contact emergency response or initiated a search and rescue for the resident? Yes No _____

Does resident wear any type of personal monitoring device? Yes No _____

Does resident have any recognizable body markings or scars? _____

What places and/or people does resident like to visit? _____

What are some of the resident's preferred interests , attractions, items? _____

What are some of the resident's fears, sensitivities, dislikes, triggers? _____

Has resident had difficulty remembering recent conversations, names, or events? Yes No _____

Has resident have impaired communication, disorientation, confusion? Yes No _____

Has resident exhibited any aggressive behavior toward a family member, friend, or neighbor? Yes No _____

Describe resident's meltdown behaviors _____

Recommended calming strategies _____

Are there any recognizable indications prior to a potential meltdown or other difficult behaviors? Yes No _____

Has resident's caregiver needed to call for crisis intervention due to the resident's behavior? Yes No _____

Are any preventive measures or restraints used by caregivers for safety? Yes No _____



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