PERSONAL SAFETY

I am _____

My Meds _____

_____ _____

Important things I use

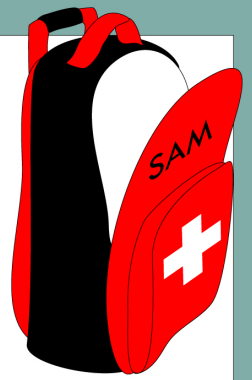
_____

SAFE AT HOME

My kit is located:

_____

_____



COMMUNITY RESOURCES

911

Case Manager/Social Worker

_____

NAME #

EMERGENCY INFORMATION

RADIO_____

TV_____

PEOPLE WHO CARE

My Neighbor

_____

NAME #

Friend/Family

_____

NAME #