

PERSONAL SAFETY

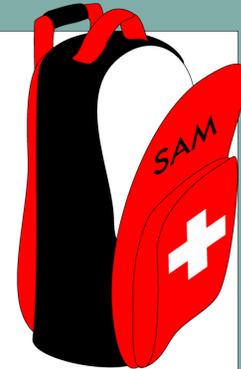
I am _____

My Meds _____

Important things I use _____



My kit is located:



SAFE AT HOME

COMMUNITY RESOURCES

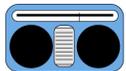


911

Case Manager/Social Worker

NAME _____ # _____

EMERGENCY INFORMATION



RADIO _____



TV _____



My Neighbor

NAME _____ # _____



Friend/Family

NAME _____ # _____

PEOPLE WHO CARE