

Emergencies happen. You cannot control them. There are things that you can do to help you and your family members be as safe as possible if an emergency happens.

Safety planning helps you think through possible dangers in a variety of situations. It also helps you to think about what you can do if you are in an unsafe situation.

A safety plan can be ideas that you have in your head or things you have written down on paper.



Things to think about for your safety plan in case of an emergency include:

- Important Information
- Clothing
- Medications & Medical Information
- Service Animals and Pets
- Adaptive Equipment
- Other Items



If you are in immediate danger, call 911.

If you are in an unsafe situation, you can leave the area.



Envision Illinois

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I Can Be Safe: A Planning Guide

PLAN

PREPARE

PRACTICE

Let's Get Ready

Important Information



First Name	Last Name	Phone Number
Allan	Williams	555-998-2791
Annie	Taylor	555-438-5737
Benjamin	Davis	555-762-6544
Jason	Campbell	555-387-9822
Jose	Rodriguez	555-428-9857
Karen	Robinson	555-583-2899
Lisa	Diaz	555-722-2398
Mary	Johnson	555-223-8992
Peter	Lee	555-348-2984
Sally	Woods	555-629-4587
Todd	Smith	555-349-2489

<input type="checkbox"/>	Drivers License/State ID
<input type="checkbox"/>	Cash
<input type="checkbox"/>	Debit or Credit Card
<input type="checkbox"/>	Important Phone Numbers
<input type="checkbox"/>	Birth Certificate
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	

Clothing/Personal Hygiene



<input type="checkbox"/>	2-3 days worth of clothing
<input type="checkbox"/>	Underwear
<input type="checkbox"/>	Pajamas
<input type="checkbox"/>	Coats/Jackets/Sweaters
<input type="checkbox"/>	Shoes
<input type="checkbox"/>	Hygiene Supplies
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	

Medications and Medical Information



<input type="checkbox"/>	Medications
<input type="checkbox"/>	List of Medications
<input type="checkbox"/>	Pharmacy contact info
<input type="checkbox"/>	Doctor(s) contact info
<input type="checkbox"/>	List of Allergies
<input type="checkbox"/>	Health Insurance Card
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	

Service Animals and Pets



<input type="checkbox"/>	Leashes/Harnesses
<input type="checkbox"/>	Food
<input type="checkbox"/>	Bedding
<input type="checkbox"/>	Animal Medication
<input type="checkbox"/>	Veterinarian contact info
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	

Adaptive Equipment



<input type="checkbox"/>	Wheelchair
<input type="checkbox"/>	CPAP Machine
<input type="checkbox"/>	Walker/Cane
<input type="checkbox"/>	Hearing Aids
<input type="checkbox"/>	Eye Glasses
<input type="checkbox"/>	Communication Devices
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	

Other items



<input type="checkbox"/>	Cell Phone/Charger Cords
<input type="checkbox"/>	Bus/Subway Pass
<input type="checkbox"/>	Car and House Keys
<input type="checkbox"/>	Bottled Water
<input type="checkbox"/>	Snacks
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	