

Child's Last Name:	Child's First Name:	Date of evaluation of safety needs:	LINK#:
Last Name of person conducting assessment:		First name of person conducting assessment:	
Last Name of person responsible for following up		First Name of person responsible for following up:	
<ul style="list-style-type: none"> • Does client have a doorbell light system in place? <input type="checkbox"/> Yes <input type="checkbox"/> No • Does client have a strobe light fire alarm system? <input type="checkbox"/> Yes <input type="checkbox"/> No • Does client have TTY, Captel or video phone to make 911 calls? <input type="checkbox"/> Yes <input type="checkbox"/> No • Does client have a "baby cry" signaling light system or video monitor? <input type="checkbox"/> Yes <input type="checkbox"/> No • Does client understand how to make a 911call? <input type="checkbox"/> Yes <input type="checkbox"/> No • Does client have a support person nearby to help in case of emergency? <input type="checkbox"/> Yes <input type="checkbox"/> No • Does client have an emergency plan if needed? <input type="checkbox"/> Yes <input type="checkbox"/> No • Is the client registered with Enhanced 911? <input type="checkbox"/> Yes <input type="checkbox"/> No 			
<p>The Enhanced 911 form is located on the Department of Emergency Services and Public Protection (DESPP) website: http://www.ct.gov/dps/lib/dps/office_of_statewide_emergency_telecommunications_files/oset-files/how_to_alert_911.pdf</p>			
<p>Please list equipment needs for this client and contact Converse Communication Center at 1-800-743-1219 to obtain needed equipment.</p>			
<p>The above check list should be revisited within 14 days to see if corrective action has been taken for a safety need. Has everything been satisfactorily completed? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>			
<p>Comments:</p>			
<p>Date of re-evaluation of safety needs and corrective action:</p>			