

**METRO SUPPORT SERVICES, INC.**  
**SAFETY INFORMATION**

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**Name of Person Receiving Services:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Provider Information**

Name:	Address:	
Phone Number: (    )	Pager Number: (    )	Cell Phone: (    )

**Evacuation**

Style of house:	Number of bedrooms:
Location of persons bedroom:	
Number of windows in bedroom:	Can person exit through bedroom window?
Explain the escape plan for the household in the event evacuation is necessary (i.e., who is responsible for assisting consumers, what will be the primary and secondary escape routes used?):	

**Carbon Monoxide Detectors/Alarms**

Number:	Locations:
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**Smoke Detectors/Fire Alarms**

Number:	Locations:
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**Fire Extinguishers**

Number:	Location:
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**Relocation-** List two places you would go in the event that relocation was necessary.

Name & Address:	Phone Number: (    )
Name & Address:	Phone Number: (    )

**Medication**

Pharmacy where medications are purchased:	Phone Number: (    )
Location & Containers where medications are stored at home:	
Is the Individual self-medicating? _____	
Does the Individual understand times and dosages? _____	

**First Aid Kits**

Number:	Location:
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*\* Please attach an escape route map of home that shows all exits and smoke detectors, if not already on file at the office.*