

TRANSITION TO A HOME OF OUR OWN
Safety Questionnaire

Participant: _____
 Date: _____
 Completed by: _____

To be completed and reviewed before staying alone in the apartment. To be accompanied by a consent form, signed by participant and guardian.

EMERGENCY PROCEDURES		
Question	Response	Staff Comment
What is an emergency?		
Who do you contact in the event of an emergency?		
How do you know if there is a fire?		
What do you do in the event of a fire?		
How do you respond to a fire drill?		
Where is the fire extinguisher?		
Where is the smoke detector?		

PERSONAL SAFETY

Question	Response	Staff Comment
What activity may you need to ask for help with?		
What do you do if you don't feel safe?		
Who do you talk to if you need help to be safe?		
Who do you let into your apartment?		
How do you know who is at your door?		
Do you answer questions from a stranger at your door?		

MEDICAL SAFETY

Question	Response	Staff Comment
Who do you speak to if you are not feeling well or about a health issue?		
Where do you keep your medicine?		
Can you take your own medicine?		
What are your medications for?		
What are some rules about taking your medication?		
What do you do if you forgot to take your medication?		
When do you take your medication?		
What do you do if you become injured?		
Where is the first aid kit?		

HOUSEHOLD SAFETY

Question	Response	Staff Comment
What is a poison?		
Where is poison stored?		
Can you demonstrate a good water temp for washing?		
Do you use the stove and demonstrate safety?		
Can you use the microwave safely?		
What other appliances can you safely use?		
Do you feel safe in the apartment?		

COMMUNITY SAFETY

Question	Response	Staff Comment
Do you walk alone in the community?		
What are the safety precautions you take when walking alone?		
Who are strangers?		
What do you do if a stranger asks you for help?		
What do you do if a stranger asks you to go with them or to go in their house or car?		
Who are safe people in the community and how can you identify them for specific help?		
Where are the safe places in the community?		
Do you feel safe in the community?		

SAFETY SUPPORT PLAN

Emergency Procedures:

Personal Safety:

Medical Safety:

Household Safety:

Community Safety:

Participant Signature: _____ Date: _____

Staff Signature: _____ Date: _____