



Connecticut State Department of Developmental Services
EMERGENCY INDIVIDUAL FACT SHEET

DDS Command Center Phone Number
(860) 418-8700

ATTACH
 PHOTOGRAPH

COMPLETION/UPDATE DATE:		PHOTO DATE:	
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INDIVIDUAL:		DDS NUMBER:		DOB:	
RESIDENTIAL ADDRESS:					
PROVIDER:		PHONE:			
PROGRAM & ADDRESS:		PHONE:			
PHYSICIAN:		PHONE:			
PHARMACY:		PHONE:			
MEDICAID NUMBER:					
FAMILY CONTACT:		PHONE:			
MEDICAL GUARDIAN:		PHONE:			
BLOOD TYPE (If known):					
MEDICAL DIAGNOSES:					

Attention Relocation Site: Contact Pharmacy if Medication Administration Record is NOT available

CRITICAL REQUIREMENT
ANY REQUIREMENT THAT CAN CAUSE SERIOUS HARM OR DEATH IF NOT ADHERED TO

CRITICAL REQUIREMENT	?	DESCRIPTION
Medications?	YES	Facility medication administration records (e.g., Kardex) are to be transported with fact sheets when an emergency occurs.
Meds taken at Day Program?	YES	
Medical?	YES	
Allergies?	YES	
Dietary?	YES	
Eating?	YES	
Ambulation/Mobility?	YES	
Adaptive Equipment?	YES	
Communication?	YES	
Supervision?	YES	
Behavior Management?	YES	

TRANSPORT FACT SHEET TO RELOCATION SITE WITH EACH INDIVIDUAL