This document provides critical information to be used in the event of an emergency involving a Melmark New England student.

Identification

|  |  |  |  |
| --- | --- | --- | --- |
|  | | **Legal Name (Last, First, MI)** | **Demasi,Paul,W** |
| **Nickname** |  |
| **Date of Birth** | **02/29/2000** |
| **Current Address or Residential Service Setting** | **.,Massachusetts,00000,United States of America** |
| **Date of Admission** | **04/28/2014** |
| **Place of Birth** | **WInchester Hosptal** |
|  | | Citizenship |  |
| Picture Date Taken | 03/09/2022 | Primary Language | English |
| Race | White | Gender | Male |
| Height (date) | 5.580 ft (03/2022) | Legal Competency Status | Minor |
| Weight (date) | 136.000 lbs (03/2022) | Guardianship Status | Parents |
| Hair Color | Brown | Other State Agencies Involved With Student |  |
| Eye Color | Brwon | Marital Status of Both Parents | Married |
| Distinguishing Marks | Mole on torso |  |  |
| Case Manager Residential | | Kimberly Duhanyan | |
| Case Manager Educational | | Julia Hrdina | |
| Educational Surrogate:(If applicable) | |  | |

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| --- | --- |
| Updated: | 03/09/2022 |

Emergency Contacts – Personal

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 1 | Relation | Mother | Full Name | DeMasi,Jean | Primary Language | English |
| Address | 77 West Park Drive,Wakefield | | | Home Phone | (781)245-6190 |
| Other Phone |  |
|  |  | | | **E-mail** | paulde9@aol.com |
| 2 | Relation | Father | Full Name | DeMasi,Paul | Primary Language | English |
| Address | 77 West Park Drive,Wakefield | | | Home Phone | (781)245-6190 |
| Other Phone |  |
|  |  | | | **E-mail** | paulde9@aol.com |
| 3 | Relation | Sibling | Full Name | Demasi,Jenna | Primary Language | English |
| Address | 77 West Park Drive,Wakefield | | | Home Phone | (781)245-6190 |
| Other Phone |  |
|  |  | | | **E-mail** |  |
| 4 | Relation | District/School Representative | Full Name | Galvin,Rosie | Primary Language | English |
| Address |  | | | Home Phone |  |
| Other Phone |  |
|  |  | | | **E-mail** |  |
| 5 | Relation | Family Friend | Full Name | Gordon,Linda | Primary Language |  |
| Address | 11 Juniper Ave,Wakefield | | | Home Phone | (781)246-2466 |
|  |  | | | Other Phone |  |
|  |  | | | **E-mail** |  |
| 6 | Relation | plcRelation6 | Full Name | plcFullName6 | Primary Language | plcContactPrimaryLanguage6 |
| Address | plcApartment6 | | | Home Phone | plcContactHphone6 |
|  |  | | | Other Phone | plcContactOphone6 |
|  |  | | | **E-mail** | plcContactEmail6 |
| 7 | Relation | plcRelation7 | Full Name | plcFullName7 | Full Name | plcFullName7 |
| Address | plcApartment7 | | | Home Phone | plcContactHphone7 |
|  |  | | | Other Phone | plcContactOphone7 |
|  |  | | | **E-mail** | plcContactEmail7 |
| 8 | Relation | plcRelation8 | Full Name | plcFullName8 | Full Name | plcFullName8 |
| Address | plcApartment8 | | | Home Phone | plcContactHphone8 |
|  |  | | | Other Phone | plcContactOphone8 |
|  |  | | | **E-mail** | plcContactEmail8 |

Emergency Contacts – School

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1 | Full Name, Title | Helena Maguire,Executive Director | Phone | (978)654-4300 |
| 2 | Full Name, Title | Frank Bird,Vice President and Chief Clinical Officer | Phone | (978)654-4300 |
| 3 | Full Name, Title | Silva Orchanian,Senior Director of school Services | Phone | (978)654-4300 |
| 4 | Full Name, Title | Lauren Carter,Director of School Services | Phone | (978)654-4300 |
| 5 | Full Name, Title | Kimberly Duhanyan,Director of Residential Services | Phone | (978)654-4300 |

Medical and Insurance

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Primary Physician | Full Name |  | Office Phone |  |
| Address |  | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Insurance | Insurance Type |  | Policy Number |  |
| Policy Holder |  |  | |
| Insurance | Insurance Type |  | Policy Number |  |
| Policy Holder |  |  | |

|  |  |
| --- | --- |
| Date of Last Physical Exam |  |
| Medical Conditions/Diagnosis |  |
| Allergies |  |
| Current Medications |  |
| Self Preservation Ability |  |
| Significant Behavior Characteristics |  |
| Relevant Capabilities, Limitations, and Preferences | Capabilities |
| Limitations |
| Preferences |

Referral/IEP Information

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Liaison | Full Name, Title |  | Phone | (781)246-6416 |  |

|  |  |
| --- | --- |
| Referring Agency | Wakefield Public Schools |
| Source of Tuition | Wakefield Public Schools |

Education History

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| --- | --- |
| Date Initially Eligible for Special Education |  |
| Date of Most Recent Special Education Evaluations | 11/06/2015 |
| Date of Next Scheduled 3-Year Evaluation |  |
| Current IEP Start Date | 11/02/2017 |
| Current IEP Expiration Date | 11/01/2017 |

Schools Attended

Lists schools attended in reverse-chronological order with current placement first.

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| --- | --- | --- |
| Name | Address | Dates Attended |
| Seem Collaborative at Beebe School | 263 W. Foster Street,Melrose,Massachusetts | 07/01/2011-04/26/2014 |
| Seem Collaborative at North School | Collincote Street ,Wakefield,Massachusetts | 07/01/2011-04/26/2014 |
| Glavin Middle School | 525 Main St.,Wakefield,Massachusetts | 07/01/2011-04/26/2014 |

Discharge Information

|  |  |
| --- | --- |
| Discharge Date |  |
| Location After Discharge |  |
| Melmark New England’s Follow Up Responsibility |  |