



Member Safety Assessment

1. Date:

Member Name:

Member DOB:

Caregiver Name:

Caregiver Telephone Number:

Member Full Address:

2. 1) Can Member:

☐ Recognize signs of danger in the community?

☐ Seek assistance family members, neighbors should that be required? ☐ Can member call 911?

Notes:

2) Can the member communicate clearly during an emergency? (Please note members preferred language)

3) Can AFC member differentiate strangers from non strangers?

4) Does the AFC member have street crossing skills?

5) Does the AFC member have safety skills in using household appliances?

6) Is the AFC member capable of evacuating the house within 2 1/2 minutes?

☐ Yes ☐ No

(Please describe level of assistance needed)

7) Is there a relocation plan in place in the event of a fire, flood, or other natural or unnatural disaster?

☐ Yes ☐ No

Notes:

Relocation:

3. Name: Relationship to Member Phone:

Address:

4. AFC Staff Name/Title: Signature: Date:
