



## PREP IS PERSONAL CHECKLIST

(Complete a separate checklist for each individual with unique access and functional needs)

Name: \_\_\_\_\_ Date: \_\_\_\_\_

### Directions:

This all-inclusive checklist may be completed by an individual with access or functional needs, including disabilities, independently. Regardless, it is generally advised to have someone else see it just in case you forget something that could be essential in the event of a disaster or other emergency. Check all that apply unless directed to skip to the next section.

To make your own lists, take a walk-through your home AND keep a list for several days of the equipment/supplies and anything else you use because of your disability or because you may have unique access and functional needs. Make sure you make a complete list and include where each item is located and how someone else should use it or help you use it.<sup>1</sup>

Separate lists may be needed wherever the individual may spend the night (e.g., friend or relative's home, respite home) because essential items may be maintained in different places.

### Contents of checklist:

Checklist component	Page #	Checklist component	Page #
1. General (for EVERYONE!)	2	9. Environmental Sensitivities	6
2. Responsibility for Others	3	10. Behavior/Mental Health Challenges	6-7
3. My Communication	3	11. Intellectual or Learning Challenges	7
4. Older American Status (65 yrs+)	4	12. Blind/Visual Impairment	7-8
5. Dependence on Others for Personal Assistance	4	13. Deaf/Hard of Hearing	8
6. Brain Injury	4	14. Movement or Mobility Challenges	9
7. Use of a Service/Therapy/Emotional Support animal	5	15. Unique Health or Complex Medical Needs	9-10
8. Pregnancy or Newborn Status	5	16. Autism Spectrum	10-11

*Endnote: Special Considerations for Children on page 11*

<sup>1</sup> NOTE: If you are completing this for someone with Alzheimer's or other forms of dementia, begin with "4. Older American Status" even if the individual is less than 65 years of age and be sure to identify other checklist components (for example, "9. Behavioral/Mental Health Challenges") that may apply.

## I. General (for EVERYONE!):

- My PREP IS PERSONAL information contains my own contact information (address, phone, email, cell phone).
- My PREP IS PERSONAL information contains a list of people/entities to contact in the event of an emergency and their complete contact information (address, phone). These people/entities include:
  - Any immediate family members or friends to contact first
  - Extended family members if my immediate family members/friends cannot be reached
  - My support network (e.g., friends, neighbors, co-workers)
  - Services, if any, that are provided to me at home (e.g., Meals on Wheels, homemaker health aide, CNA, individual support provider).
- My PREP IS PERSONAL information contains a list of my specialized equipment/supplies essential to my health and well-being as a person with unique access and functional needs/disabilities. **If applicable, see separate page(s) for this information.**
- My PREP IS PERSONAL information includes important medical information including a list of my current medication, dosage(s), and administration time(s).
- My PREP IS PERSONAL information includes a list of my doctors/dentist, therapist(s), and any other medical specialist(s) including the address and phone number(s) of each.
- My PREP IS PERSONAL information contains a recent photo ID.
- My PREP IS PERSONAL information contains a list of my special mementos and where they are located if there is time to save them.
- I am a veteran.
- I have a **Personal Emergency Kit**. It is stored \_\_\_\_\_.
- I have an **Emergency Kit for my Service/Therapy/Emotional Support Animal and/or for my pet(s)**. This kit is stored \_\_\_\_\_.
- I have completed a separate section of this form for my Service/Therapy/Emotional Support Animal**
- The name(s) of my animal(s) is/are on a separate list and includes any special information about them.
- My PREP IS PERSONAL information is up-to-date.
- My PREP IS PERSONAL information is on my fridge.
- I have an extra copy of My PREP IS PERSONAL information to take with me!

## 2. Responsibility for Others

I am ***not*** responsible for others. (If checked, skip to the next section.)

The name(s) of anyone I am responsible for is/are on a separate list and includes any special information about them AND contact information.

I have a reunification plan included in my PREP IS PERSONAL information.

I have checked other sections of this checklist.

## 3. My Communication.

I do ***not*** have any communication challenges. I am able to tell you what my unique access and functional needs are. (If checked, skip to the next section.)

I can nod my head to indicate yes or no.

I may need you to re-state or re-explain directions to make sure I understand what you are saying

Ask me to repeat your directions to show I understand.

Give me time to process what you say.

I am non-verbal or have limited speech.

I understand more than I can express.

English is not my primary language. My primary language is \_\_\_\_\_.

I use augmentative communication. The system I use is:

\_\_\_\_\_.

I use a communication device. It is \_\_\_\_\_.

It is usually located \_\_\_\_\_.

There is a separate page in my PREP IS PERSONAL information describing my communication system.

When I don't understand, look for: \_\_\_\_\_.

It's okay to ask me to repeat myself or try another way if you don't understand my speech.

I may not understand idioms (for example, "spread eagle," "knock it off," or "cut it out").

Because I may want to please others, especially those in authority, I may tend to say "yes" or give some other affirming response to most questions regardless of the question itself. This may lead someone to believe I am agreeing when I am not.

Give me a pen/pencil and paper to write what I want to say.

I have checked other sections of this checklist.

#### 4. Older American Status.

I do not have “older American status.” (If younger than age 65 years, skip to the next section unless there is a diagnosis of earlier onset Alzheimer’s or dementia. Then continue below.)

- I tend to have a slower response time.
- I may appear confused or disoriented.
- I have been diagnosed with Alzheimer’s or another form of dementia.
- I am on medication. My medications are located: \_\_\_\_\_  
\_\_\_\_\_.

I have checked other sections of this checklist.

#### 5. Dependence on Others for Personal Assistance.

I do not depend on others for personal assistance. (If checked, skip to the next section.)

- The people on whom I depend require special training.
- The list of these people, their contact information, and our reunification plan is included in my PREP IS PERSONAL information.
- If the people I usually rely on for personal assistance are not available, there is a specific description of how to support me in my PREP IS PERSONAL information.
- It is okay to ask my personal assistant for information about me.
- My personal assistants require access to my specific equipment/supplies. A list is included in my PREP IS PERSONAL information.
- I have stated whether I need to let anyone know I am leaving in my contact list.

I have checked other sections of this checklist.

#### 6. Brain Injury.

I have never had an acquired or traumatic brain injury. (If checked, skip to the next section.)

- I have had a brain injury that affects me in the following ways:
  - I may appear to be drunk or high.
  - I have flashbacks or appear to get angry for no reason.
  - I may need more time to process/respond.
  - My responses are not always consistent.
  - Other: \_\_\_\_\_.

I have checked other sections of this checklist.

## 7. Use of a Service/Therapy/Emotional Support Animal.<sup>2</sup>

**I do not have a service/therapy/emotional support animal. (If checked, skip to the next section.)** *NOTE: You may NOT check this section for your pets!*

- I cannot be separated from \_\_\_\_\_ (animal's name).
- My animal uses a harness or specialized \_\_\_\_\_. It is located \_\_\_\_\_.
- You must ask me for permission before attempting to interact with \_\_\_\_\_.
- Information about \_\_\_\_\_ (my animal's name) is included in my **Emergency Kit for my Service/Therapy/Emotional Animal.**
- I understand I am responsible for my animal at all times, s/he is housebroken, and s/he is up-to-date on required vaccinations.
- Copies of current medical records from my veterinarian are included in MY PREP IS PERSONAL information).
- The best way to approach my Service/Therapy/emotional support animal is: \_\_\_\_\_.
- I have checked other sections of this checklist.**

## 8. Pregnancy or Newborn Status.

**I am not pregnant and/or I do not have a newborn. (If checked, skip to the next section.)**

- I am pregnant and my due date is \_\_\_\_\_.
- I gave birth to my newborn on \_\_\_\_\_.
- A list of special instructions about my pre-, peri- or post-natal care is included in my PREP IS PERSONAL information.
- A list of my newborn's special needs is included in my PREP IS PERSONAL information.
- I have checked other sections of this checklist.**

---

<sup>2</sup> · NOTE that current ADA interpretive guidelines only guarantee admission to public places when the animal is a certified a) Guide Dog or Seeing Eye® Dog; Hearing or Signal Dog; Psychiatric Service Dog; SSigDOG (sensory signal dogs or social signal dog); Seizure Response Dog; or a Small horses similarly trained to provide one of these functions for a specific individual. The handler (person needing the animal) is responsible for its control at all time. It is up to local policies to determine whether other animals used to provide services, therapy, or emotional support may have the same access but such access is not guaranteed. <https://adata.org/publication/service-animals-booklet>

## 9. Environmental Sensitivities.

- I do not have any environmental sensitivities that affect my daily living when I am exposed to triggers. (If checked, skip to the next section.)**
- I have allergies and these appear in the medical section of my PREP IS PERSONAL INFORMATION.
- The list of what I am sensitive to, how I may/will react, and what I need is included in my PREP IS PERSONAL INFORMATION.
- Here is a short list for immediate use:
  - I have sensitivities to substances in the air such as smoke, perfumes, etc.
  - I cannot tolerate certain noises such as \_\_\_\_\_.
  - I cannot tolerate certain smells such as \_\_\_\_\_.
  - I cannot tolerate light touch.
  - I cannot tolerate deep pressure or firm touch.
  - I cannot tolerate any touch.
  - I may shut down if overwhelmed by my environment.
  - I may become aggressive if overwhelmed by my environment.
  - I may try to run away if overwhelmed by my environment.
- Remind me to use my strategies if I don't respond the way you need me to respond.
- I have checked other sections of this checklist.**

## 10. Behavior/Mental Health Challenges

- I do not have a history of behavior or mental health challenges. (If checked, skip to the next section.)**
- STAY CALM. BE SOOTHING, NOT DEMANDING. ATTEMPT TO RELATE TO ME.**
- My diagnosis is \_\_\_\_\_.
- I do NOT have a history of violence.
- The trigger words that get me upset are \_\_\_\_\_  
\_\_\_\_\_.
- Other triggers include: \_\_\_\_\_  
\_\_\_\_\_.
- I may have meltdowns, tantrums, or become angry. A list of how best to support me is included in my PREP IS PERSONAL information.
- I may hide, run away, or freeze. A list of how best to support me is included in my PREP IS PERSONAL information.

**Continued on p. 7**

- I may say inappropriate things including making threats of suicide. A list of how best to support me is included in my PREP IS PERSONAL information.
- Please ignore any other unusual behaviors. These include: \_\_\_\_\_
- I sometimes have voices inside my head that compete with your voice.
- I have checked other sections of this checklist.**

## 10. Intellectual or Learning Challenges

- I do not have any intellectual or learning challenges. (If checked, skip to the next section.)**
- I do have intellectual or learning challenges even if these are not obvious.
- A list of equipment and supplies I use to be more independent, where they are located, and how to use them with me is included in my PREP IS PERSONAL information.
- I need a person to read emergency information that is in written form to me.
- I need information stated clearly and in plain language.
- I have difficulty remembering events and/or directions.
- I need more time to process/respond.
- I may not know the names of people, places, events.
- I may not have the vocabulary you need to accurately describe people, places, events.
- I have difficulty with multi-step directions. Please give me directions a step at a time.
- Ask me to restate your directions to make sure I understand.
- I need to know honestly and in everyday language what is happening and likely to happen.
- Do not “talk down” to me.
- I have checked other sections of this checklist.**

## 12. Blindness or visual impairment

- I use (check either or both)  eyeglasses  contact lenses. I keep them \_\_\_\_\_.**
- I am not blind and any visual impairment I have is corrected with glasses or contact lenses. (If checked, skip to the next section.)**
- Please announce your presence using a soft voice.
- I cannot see standard emergency or exit signs.
- I need a person to read emergency information that is in written form to me.

**Continued on p. 8**

- I rely on Braille.
- Repeat who you are and what you are going to do/are doing.
- A list of equipment and supplies I use, where they are located, and how to use them with me is included in my PREP IS PERSONAL information.
- I have included information on “Etiquette for the Blind” in my PREP IS PERSONAL information. This includes how to be my sighted guide.
- Do not grab or touch me without notice or asking me for my permission.
- Offer your arm and state that you’ve done so to guide my walking.
- I will tell you if I prefer to grasp your shoulder/arm or walk behind you for guidance.
- Place my hand on the back of a chair or side of a vehicle to orient me.
- Mention doorways, stairs, narrow passages, ramps, and/or other obstacles and approximately how far away from me they are.
- Orient me to any new location (e.g., the inside of a shelter).
- I have checked other sections of this checklist.

### 13. Deafness or Hard of Hearing.

- I am **not** deaf or hard of hearing at all. (If checked, skip to the next section.)
- I have hearing loss but do not use hearing aids.
- I use hearing aids. These are located \_\_\_\_\_ if I am not wearing them.
- I understand common gestures like stop, wait, later, come.
- I need a sign language interpreter . The interpreter must be fluent in \_\_\_\_\_ (type of sign language).
- Do not sign to me unless you are fluent. You will confuse me.
- If you know how to fingerspell, you can use that for short messages.
- I can rely on typed or written information or CART.
- I read lips or use lip-reading to supplement what I hear or see signed.
  - Please do not put your hands in front of your mouth or turn away before completing your communication to me.
  - If possible, have someone without facial hair do the speaking.
  - Enunciate but speak at a normal pace.
- I need you to remove facial masks or use clear masks.
- I need any video information to have captions.
- Give me a pen/pencil and paper to communicate.
- I rely on visual alarms.
- I may not understand the urgency of a situation or humor.
- I may appear angry when I am communicating excitedly.
- I have checked other sections of this checklist.

#### 14. Movement or Mobility Challenges.

**I do not have movement or mobility challenges. (If checked, skip to the next section.)**

My mobility challenges affect my ability to (check all that apply):

- |   |                                   |   |
|---|-----------------------------------|---|
| <input type="checkbox"/> Get up/down      | <input type="checkbox"/> Transfer | <input type="checkbox"/> Use stairs         |
| <input type="checkbox"/> Keep pace        | <input type="checkbox"/> Walk     | <input type="checkbox"/> Hold/grasp objects |
| <input type="checkbox"/> Reach            | <input type="checkbox"/> Carry    | <input type="checkbox"/> Sustain mobility   |
| <input type="checkbox"/> Other (specify): |                                   |   |

The list of equipment I use, where it is located, how to assist me, and how to use my equipment with me is included in my PREP IS PERSONAL information.

How to get me up/down stairs is included in my PREP IS PERSONAL information.

I prefer to be independent if at all possible even if I take longer.

Avoid putting pressure on my body.

I have to be transferred or carried a very specific way to avoid injury.

Be careful with my equipment. It is very expensive/difficult to replace.

I have stickers on my wheelchair telling others how to use it/take it apart. Look for them.

I have stickers on my wheelchair directing others not to take it apart. Look for them.

My wheelchair uses a battery. Please make sure it is connected.

My battery charger and any charging cords are located \_\_\_\_\_.

I keep any special instructions for supporting me because of my movement or mobility challenges in my PREP IS PERSONAL information.

**I have checked other sections of this checklist.**

#### 15. Unique Health or Complex Medical Needs.

**I do not have unique health or complex medical needs. (If checked, skip to the next section.)**

I can be too weak to respond.

I may be fine now but my health challenges/complex medical needs can change quickly and unexpectedly.

I may or may not appear fine when you first meet me. When my health challenges/complex medical needs occur, they are short-term and can be addressed by \_\_\_\_\_.

My health challenges/complex medical needs are long-term.

**Continued on p.10**

- Even if I do respond, I may not remember everything.
- A list of the specialized equipment/supplies/foods I need to stay as healthy as possible, where these are located, and how to use these with me is included in my PREP IS PERSONAL information.]
- I am catheterized. My extra catheters and/or cath changing kits are located \_\_\_\_\_.
- I have seizures. My seizure protocol is included in my PREP IS PERSONAL information.
- I have different specialists who manage my care. A list of these specialists is included in my PREP IS PERSONAL information.
- I have ways of managing my unique health care needs that may seem unconventional. A list of how I do this is included in my PREP IS PERSONAL information.
- You must listen to any complaints I make about pain, discomfort, unusual sensations, how I'm being handled or treated, etc. Respect my self-advocacy because I know my body best.
- Please time any "episodes" of asthma or other unique medical events.
- I have checked other sections of this checklist.**

## 16. Autism Spectrum.

- I do not have a label of autism or related autism spectrum conditions. (If checked, skip this section.)**
- I need advance notice of any upcoming changes.
- Please do **not** tell me in advance what changes are about to happen.
- I rely on visual cues such as lists, pictures, gestures.
- The list of what I rely on, where it is located, and how to use it with me is included in my PREP IS PERSONAL information. Here is a short list:
  - I use activity schedules.
  - I need my iPad or other portable electronic device.
  - I need to have my special fidget objects.
  - I need my weighted blanket or vest.
  - I eat special foods.
  - I need my wandering monitored.
  - I have devices that assist in monitoring my wandering.
- If my posture, behavior, or tone appears disrespectful, it is not intentional.
- I do not express pain or discomfort in typical ways.
- I may speak about unrelated topics. If I do, you should \_\_\_\_\_.

**Continued on p.11**

- It is easier for me to initiate my own behavior than to follow your directions.
- I need extra time to respond.
- I do not need to look like I am paying attention in order to pay attention.
- I do not establish eye contact well. I am not being rude.
- I have checked other sections of this checklist.**

### *Endnote*

#### *Special Considerations for Children*

- I am \_\_\_\_\_ years old.
- I appear older than I am. Treat me as you would any other \_\_\_\_\_ year old.
- I appear younger than I am. Treat me as you would any other \_\_\_\_\_ year old.
- I have already experienced much loss and/or trauma in my life. Be respectful of how I respond to being separated from a significant adult or object that has meaning to me.
- I use a special “lovey” that helps me sleep/stay calm. It is a \_\_\_\_\_ . It is located \_\_\_\_\_ .
- I need things to keep me busy in an emergency so I do not get in the way.
  - My favorite toy(s) is/are: \_\_\_\_\_ .  
Please let me take my favorite(s) with me if possible.
  - My favorite book(s) is/are: \_\_\_\_\_
  - Please let me take my favorite(s) with me if possible.
  - My favorite things are usually located: \_\_\_\_\_ .
- My favorite video(s)/TV show(s) is/are: \_\_\_\_\_ .
- Because I am a child, I may not understand the seriousness of an emergency or may misbehave, especially if bored, overtired, hungry, etc. I am not a “bad kid.”
- I have checked other sections of this checklist.**

**Is there anything else? Remember,**

**PREP IS PERSONAL!!!!**

**PAGE INTENTIONALLY LEFT BLANK.**