

Home & Safety Info

Last updated: _____

Where things are in the home, so anyone helping the person I support can act quickly and safely. Fill in by hand.

Locations, not codes. Write where things are, not codes or passwords. Share codes in person or by phone with trusted helpers only.

Name of the person I support: _____

Emergency contact & phone: _____

HOME BASICS

Address: _____

Cross street or directions for EMS: _____

Spare keys are kept at: _____

Who has a key: _____

UTILITY SHUT-OFFS AND THERMOSTAT *(where to find them)*

Main water shut-off: _____

Electrical panel or breakers: _____

Gas shut-off: _____

If you smell gas, leave the home and call 911 or the gas company from outside. Do not use light switches or phones inside, and do not try to turn off the gas yourself.

Thermostat location: _____

Usual settings: _____

SAFETY EQUIPMENT *(where it is kept)*

Smoke alarms: _____

Carbon monoxide (CO) alarms: _____

Fire extinguisher: _____

First aid kit: _____

Flashlights: _____

Nightlights: _____

Door alarms or motion sensors: _____

Medical alert device or pendant: _____

How the medical alert device works (button, who it calls): _____

HOME SAFETY NOTES FOR DEMENTIA

Doors that need to stay locked or alarmed: _____

Never lock the person inside the home. Make sure everyone can exit quickly in an emergency.

Kept secured or out of reach (check what applies):

☐ Medications

☐ Cleaning products and chemicals

☐ Knives, sharp tools, and power tools

☐ Car keys

☐ Alcohol

☐ Stove knob covers or auto shut-off

☐ Firearms, if present: removed from the home, or locked and unloaded with ammunition stored separately

Where secured items are kept, and other notes: _____

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WANDERING PLANDoes the person I support wander or try to leave home? ☐ Yes ☐ No ☐ Sometimes

Recent photo kept at: _____

ID bracelet or locator device: _____

Places they might go (old home, work, church, a favorite store): _____

Who to call first (name & phone): _____

If they are missing: Search nearby for no more than 15 minutes, then call 911. Tell 911 the person I support has dementia, and have a recent photo ready.

TRUSTED NEIGHBORS

Name	Phone	Has a key?
		☐ Yes ☐ No
		☐ Yes ☐ No
		☐ Yes ☐ No

PETS

Name and type	Food and feeding schedule	Walks and other care

Vet name & phone: _____

Who can care for them in an emergency: _____

SERVICE PROVIDERS

Service	Name or company	Phone
Plumber		
Electrician		
Heating and cooling (HVAC)		
Handyman		
Landlord or HOA		
Other		

For a home safety check, ask the care team whether an occupational therapist home assessment could help. In an emergency, call 911.

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