

Safety Plan for Families

Overview

Having a safety plan ensures your family is prepared for emergencies, including unexpected detention or separation. Write your plan down here, share it with trusted individuals, and ensure family members understand it.

Key Steps to Take

Step 1: Identify Your Emergency Contact

Who will pick up your children from school and explain the situation if you are detained?

- o **Name:**
- o **Phone Number:**

Step 2: Designate a Temporary Guardian

Who will take care of your children and inform their school that they have temporary guardianship?

- o **Name:**
- o **Phone Number:**

Step 3: Memorize your Emergency Contact Phone Number

Ensure you and your children memorize your emergency contact's phone number to call in case of separation.

Step 4: Share *Key Information with Your Emergency Contact and Guardian for children

Step 5: Keep Important Documents Ready

Store these documents in a secure, accessible location:

- **Identification:** Birth certificates, Social Security numbers, Passports, Consular IDs, Driver's Licenses
- **Medical Records:** Vaccination records, Doctor's contact, Medication list
- **Property:** Deeds, Vehicle titles, Insurance policies
- **Financial:** Bank accounts, Tax records, Power of Attorney

Step 6: Carry Important Contact Information

- Children's teachers
- Landlord
- Doctors
- Trusted community organizations
- Lawyer
- Pastor or faith community leader
- Consulate phone number

Step 7: Safety Plan Distribution

- Share the plan with your emergency contact and guardian.
- Ensure schools have temporary guardianship forms on file.
- Keep copies of important documents in your "go bag" and with trusted individuals.

***Key Information**

Adult #1

Full Name
A-Number assigned by USCIS
Address
Date of Birth
Workplace & Schedule
Phone Numbers (Work/Cell)
Medical History (Allergies, Conditions)
Doctor's Name, Phone, and Address

Adult #2

Full Name
A-Number assigned by USCIS
Address
Date of Birth
Workplace & Schedule
Phone Numbers (Work/Cell)
Medical History (Allergies, Conditions)
Doctor's Name, Phone, and Address

Child #1

Full Name
Gender
Date of Birth
Citizenship Status
Social Security Number
Medical Information (Allergies, Medications)
Doctor's Name, Phone, and Address
School Name, Address, Phone, Grade, Teacher

Child #2

Full Name
Gender
Date of Birth
Citizenship Status
Social Security Number
Medical Information (Allergies, Medications)
Doctor's Name, Phone, and Address
School Name, Address, Phone, Grade, Teacher

*Use a second Key Information form to add additional adults/children.