FAMILY SAFETY PLAN

My Family

Full Name	Date of Birth	A#
Phone:		
Phone:		
Phone:		
Phone:		
Phone:		
Phone:		

Our people

Trusted caregiver: _____

Phone 1: _____ Phone 2: _____

Trusted caregiver: _____

Phone 1: _____ Phone 2: _____

Our Lawyer: _____

Phone: _____

Family in _____(Country):

_____

_____

Notes:

Our Things

Where we live:

Address:_____

_____

Do you own your own home? ◯ Yes ◯ No

Spare house keys with: _____

Automobiles:

Spare car keys with: _____

Make/Model/Yr/Tag: _____

Make/Model/Yr/Tag: _____

Make/Model/Yr/Tag: _____

Important Documents:

I have the following documents:

◯ Passports

◯ Birth Certificate

◯ Green Card (permanent resident card)

◯ Legal work permit

◯ Social Security card

◯ Driver's License

◯ Medical records

◯ Immigration documents

◯ Lease/Deed/Mortgage to home/apartment

◯ Durable power of attorney for children

◯ Durable power of attorney for property

◯ Titles to car

These documents are located at:_____

_____

A copy of these documents is located at:_____

_____

ICE DETAINEE LOCATOR: www.ice.gov/odls

CHILD CARE AND MEDICAL INFORMATION

Child Care Plan for:

_____ attends

_____ schools

on _____ (hours, days)

If _____ (parent) unable

_____ should

stay with _____ caregiver.

Doctor: _____

Specialist: _____

Therapist: _____

Allergies/Medical Conditions/Notes: _____

_____

Does this child have a passport? _____

Do you have a copy of his/her birth certificate?_____

Immigration status of this child?_____

Child Care Plan for:

_____ attends

_____ schools

on _____ (hours, days)

If _____ (parent) unable

_____ should

stay with _____ caregiver.

Doctor: _____

Specialist: _____

Therapist: _____

Allergies/Medical Conditions/Notes: _____

_____

Does this child have a passport? _____

Do you have a copy of his/her birth certificate?_____

Immigration status of this child?_____

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on _____ (hours, days)

If _____ (parent) unable

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Specialist: _____

Therapist: _____

Allergies/Medical Conditions/Notes: _____

_____

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Immigration status of this child?_____

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_____ schools

on _____ (hours, days)

If _____ (parent) unable

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stay with _____ caregiver.

Doctor: _____

Specialist: _____

Therapist: _____

Allergies/Medical Conditions/Notes: _____

_____

Does this child have a passport? _____

Do you have a copy of his/her birth certificate?_____

Immigration status of this child?_____