

THE SAFE PROGRAM

The SAFE Program is a means for allowing better communication between Calhoun County First Responders and residents with special needs, or other disabilities, regarding critical information before an emergency occurs.

Mission

Our mission is to protect citizens while managing the needs of its most vulnerable citizens such as children, the elderly, and those with physical or cognitive disabilities. The goal is to have a system that enforces laws while making our community a better and a safer place for both our families and first responders.

Vision

Expansion of the SAFE program throughout the State of Florida setting an example for other states to follow.

HOW IT WORKS

The SAFE program is completely voluntary, but the information provided can help save lives. From missing persons to special requirements. When a Deputy, Police Officer, Emergency Medical Services (EMS), or Fire Fighter sees the decal, they know to approach with extra care because the individual may not respond as expected.

1. Families complete a form to enroll their loved one in the program. This form includes physical and disability information, safety concerns, as well as known triggers and behaviors.
2. Information is loaded into the county's system.
3. Families are emailed verification of their loved one's enrollment.
4. Decals are mailed to families.
5. Decals are placed on cars and homes of enrollees.



SAFE PROGRAM

Subject Information:

Full Name:

DOB:

Sex:

Race:

Developmental Age:

Nickname (If any):

Residence Information:

Home Address:

City:

State:

Zip Code:

Contact Information:

Parent/Guardian (*Full Name*):

Phone #:

Work #:

DOB:

Driver's License #:

Parent/Guardian (*Full Name*):

Phone #:

Work #:

DOB:

Driver's License #:

Additional Emergency Contacts

Name:

Relation:

Phone #:

Name:

Relation:

Phone #:

Vehicle Information

License Plate:

Make:

License Plate:

Make:

Color:

Model:

Color:

Model:

Subject Physical Description

Height:

Eye Color:

Hair Style:

Distinguishing Marks:

Favorite Clothing:

Weight:

Hair Color:

Complexion:

Facial Hair:

DISPATCH CHECKLIST

PARTICIPANT NAME:

MNI		PARENT(S)/GUARDIANS IN MNI	
Subject Created			
Nickname			
Safe Intel Flag			
Disability			
Physical/Mental Flags			
Address/Phone Entered			
Associated Vehicles			
Relationships Linked			

ATTACHMENTS/FIR

Add Documents/Images to MNI Attachments			
Add FIR in MNI with all caution notes			

CAUTION NOTE CREATED

Address			
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Notes Section

- Safe Program Label
- Participants Name/DOB (*List all if there are siblings*)
- Triggers, Verbal/Non-Verbal, Safety Factors, Limitations
- Emergency Contact Information (*List All Numbers*)
- CN for Parent(s) with note advising they are the parent

E-MAIL FORM TO

DATE/TIME COMPLETED:	DISPATCHER INITIALS:
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