



reative Living Inc.

368 South Main Street, Andover, MA 01810

DDS Information

The Dept. of Developmental Services (DDS) has asked us to contact each of our families to ensure that we have information from you in our files as to our guests' abilities to evacuate in an emergency situation.

Please respond regarding this matter.

Name of Guest: _____

The above-named individual: (Please check which apply.)

_____ is able to leave a dangerous situation on his/her own

_____ is able to understand and follow staff's directive to evacuate

_____ needs staff's encouragement to leave.

_____ needs staff's physical assistance to leave building

_____ does not understand well and should be taken by the arm

Other comments? _____

Signed: _____ Dated: _____

Relationship to Guest: _____