

**DDS Information**

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.

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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: \_\_\_\_\_