



Family Safety Plan

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Personal Information








Date: _____

(Date when you filled out this document)

Personal Information

- Complete this section for each member in the family.







 Name	 Phone Number
 Email	 Date of Birth
 SSN	 License/ ID Number
 Address (Street, City, State, Zip Code):	

Information about Immediate Family Members

- Include all family members (partner and/or dependents)



 Name
 Phone Number and/or Email
 Relationshipship:

 Name
 Phone Number and/or Email
 Relationshipship:

Personal Information

Date: _____

(Date when you filled out this document)

Family Member Information



Name



Phone Number and/or Email



Relationship



Name



Phone Number and/or Email



Relationship



Name



Phone Number and/or Email



Relationship



Name



Phone Number and/or Email



Relationship









Personal Information









Date: _____

(Date when you filled out this document)

Information about Pets

- Include info on all pets in the household (dogs, cats, birds, hamsters, etc.)
- Include copy of pet vaccination records

 Pet Name	 Species and/or Breed
 Veterinarian	 Phone Number del Veterinarian
 Address of Veterinarian Office	 City, State, Zip Code, County
 Medications	 Medical Problems










 Pet Name	 Species and/or Breed
 Veterinarian	 Phone Number del Veterinarian
 Address of Veterinarian Office	 City, State, Zip Code, County
 Medications	 Medical Problems










School Information

Date: _____
(Date when you filled out this document)

- Include school information for each child If your child receives special accommodations/services at school, include copies of any documents
- Make more copies as needed



 Child's Name:	 School Name & Address:
 Teacher's Name:	 School/Teacher Phone:
 Teacher's Name:	 Child's Grade:
 Student Email:	 Online Classroom Platform:
 School Bus Info (bus #, bus stop, depot, etc):	





 Child's Name:	 School Name & Address:
 Teacher's Name:	 School/Teacher Phone:
 Teacher's Name:	 Child's Grade:
 Student Email:	 Online Classroom Platform:
 School Bus Info (bus #, bus stop, depot, etc):	





School Information





Date: _____
(Date when you filled out this document)

- Include all people who ARE allowed to pick up your children from school.



 Name of Authorized Person	 Relationship to Student
 Phone Number	 Work Phone Number

 Name of Authorized Person	 Relationship to Student
 Phone Number	 Work Phone Number

 Name of Authorized Person	 Relationship to Student
 Phone Number	 Work Phone Number



School Information

Date: _____
(Date when you filled out this document)

- Include names of individuals **NOT permitted** to pick up your children from school
- Include copy of Protective Order if available, or any other important details



Name of individual not permitted:

Name of individual not permitted:

Name of individual not permitted:

Name of individual not permitted:







Family Information







Date: _____
(Date when you filled out this document)







Family members residing in the U.S.

- Include information of trusted family members living within the United States



 Name	 Phone Number
 Relationship	 Address
 Employer Name	 Work Phone

 Name	 Phone Number
 Relationship	 Address
 Employer Name	 Work Phone

 Name	 Phone Number
 Relationship	 Address
 Employer Name	 Work Phone







Work Information







Date: _____
(Date when you filled out this document)







Employer Information

- Include information of all of your employers



 Employer/Company Name:	 Employer Address:
 Phone Number:	 Work Schedule:
 Supervisor Name:	 Supervisor Phone:

 Employer/Company Name:	 Employer Address:
 Phone Number:	 Work Schedule:
 Supervisor Name:	 Supervisor Phone:

 Employer/Company Name:	 Employer Address:
 Phone Number:	 Work Schedule:
 Supervisor Name:	 Supervisor Phone:

Medical Information

Personal Information

- Fill out pages 10-13 for each adult in the household. Make additional copies as needed.



Name



Date of Birth



Blood Type



Contacto de emergencia



Address



Phone Number



Primary Care Physician



Primary Care Address



Primary Care Phone



Dentist Name



Dentist Address











Dentist Phone





Medical Information





Medications and Supplements

- Include names of medications, why you take it, the dosage, and what time you take it

 Medicine/ Supplement Name	 Purpose of Medication
 Dosage	 What time do you take it?

 Medicine/ Supplement Name	 Purpose of Medication
 Dosage	 What time do you take it?

 Medicine/ Supplement Name	 Purpose of Medication
 Dosage	 What time do you take it?

 Medicine/ Supplement Name	 Purpose of Medication
 Dosage	 What time do you take it?

Medical Information

Diagnosis

- Include any and all diagnosis you have received from your doctor and any medical recommendations from your doctor for each diagnosis.



Diagnosis



Doctor's Recommendation



Diagnosis



Doctor's Recommendation



Diagnosis



Doctor's Recommendation



Diagnosis















Doctor's Recommendation







Medical Information







Medical Specialists

- Include all information for any specialist you see.

 Specialist's Name	 Specialty
 Address	 Phone Number
 Case Worker Name	 Case Worker Phone

 Specialist's Name	 Specialty
 Address	 Phone Number
 Case Worker Name	 Case Worker Phone




 Specialist's Name	 Specialty
 Address	 Phone Number
 Case Worker Name	 Case Worker Phone




 Specialist's Name	 Specialty
 Address	 Phone Number
 Case Worker Name	 Case Worker Phone




Medical Information

Surgeries and Procedures

- Include if you have had any surgeries or procedures done Include any relevant documents.

	Surgery/Procedure
	Date of surgery/procedure
	Notes about surgery/procedure

	Surgery/Procedure
	Date of surgery/procedure
	Notes about surgery/procedure

	Surgery/Procedure
	Date of surgery/procedure
	Notes about surgery/procedure

Medical Information









Allergies and Vaccines

- Include allergy information and causes
- Include name and most recent dates of vaccines received.

 Allergy
 Symptoms

 Allergy
 Symptoms

 Allergy
 Symptoms

 Vaccine Name	 Date Recieved
 Vaccine Name	 Date Recieved
 Vaccine Name	 Date Recieved
 Vaccine Name	 Date Recieved
 Vaccine Name	 Date Recieved
 Vaccine Name	 Date Recieved
 Vaccine Name	 Date Recieved

Medical Information

Symptoms

- List all the symptoms you are currently experiencing and the doctor's recommendations.
- Bring this list with you to the doctor



Symptoms



Doctor's Recommendation



Symptoms



Doctor's Recommendation



Symptoms



Doctor's Recommendation



Symptoms









Doctor's Recommendation

Medical Information




Children's Medical Information

- Fill out each section for each child. And, make copies if needed

	Child's Name
	Date of Birth
	Blood Type

	Emergency Contact
	Emergency Contact Address
	Emergency Contact Phone Number





	Pediatrician Name
	Pediatrician Address
	Pediatrician Phone Number





	Dentist Name
	Dentist Address
	Dentist Phone Number





Medical Information





Medications and Supplements

- Include names of medications, why your child takes it, the dosage, and the time they take it.

 Medicine/ Supplement Name	 Purpose of Medication
 Dosage	 What time do you take it?

 Medicine/ Supplement Name	 Purpose of Medication
 Dosage	 What time do you take it?







 Medicine/ Supplement Name	 Purpose of Medication
 Dosage	 What time do you take it?







 Medicine/ Supplement Name	 Purpose of Medication
 Dosage	 What time do you take it?







Medical Information







Medical Specialists

- Include all information for any specialist your child sees.

 Specialist's Name	 Specialty
 Address	 Phone Number
 Case Worker Name	 Case Worker Phone

 Specialist's Name	 Specialty
 Address	 Phone Number
 Case Worker Name	 Case Worker Phone

 Specialist's Name	 Specialty
 Address	 Phone Number
 Case Worker Name	 Case Worker Phone

 Specialist's Name	 Specialty
 Address	 Phone Number
 Case Worker Name	 Case Worker Phone

Medical Information

Diagnosis

- Include any and all diagnosis your child has received from the pediatrician and if you take any medication for the diagnosis



Diagnosis



Doctor's Recommendation



Diagnosis



Doctor's Recommendation



Diagnosis



Doctor's Recommendation



Diagnosis









Doctor's Recommendation




Medical Information

Surgeries and Procedures (CT Scan, X-ray, etc.)

- Include if your child has had any surgeries or procedures done.
- Include any relevant documents

 Surgery/Procedure
 Date of surgery/procedure
 Notes about surgery/procedure

 Surgery/Procedure
 Date of surgery/procedure
 Notes about surgery/procedure

 Surgery/Procedure
 Date of surgery/procedure
 Notes about surgery/procedure

Medical Information









Allergies and Vaccines

- Include allergy information and causes
- Include name and most recent dates of vaccines received.

 Allergy
 Symptoms

 Allergy
 Symptoms

 Allergy
 Symptoms

 Vaccine Name	 Date Recieved
 Vaccine Name	 Date Recieved
 Vaccine Name	 Date Recieved
 Vaccine Name	 Date Recieved
 Vaccine Name	 Date Recieved
 Vaccine Name	 Date Recieved
 Vaccine Name	 Date Recieved

Medical Information

Symptoms

- Please list all the symptoms your child is currently experiencing
- List recommendations from pediatrician
- Bring this list with you to the pediatrician



Symptoms



Doctor's Recommendation



Symptoms



Doctor's Recommendation



Symptoms



Doctor's Recommendation



Symptoms



Doctor's Recommendation




Mental Health Information

Personal Information

- Complete the following information for adults in your household
- Make copies as needed

 Name
 Date of Birth

- In case of emergency or mental health crisis, include the information of a trusted individual

 Name of Emergency Contact
 Address
 Phone Number

- In case of mental health crisis or emergency, save and use the following phone numbers

988- Mental Health Crisis Hotline

911- Emergency Line

(502) 574-7222- Non-emergency Line

(502) 581-7222- Center for Women and Families Crisis Hotline

(502) 589-1100- Seven Counties

1-888-373-7888- Human Trafficking Hotline

800-222-1222- Center for Poison Control

Mental Health Information

Your Mental Health Team

- Include information of any specialist that you see for your mental health



Name of therapist/counselor



Address



Phone Number



Name of Psychiatrist



Address



Phone Number



Name of Case Worker



Address











Phone Number





Mental Health Information





List of Medications

- List all of the medications you take and the directions.

 Medicine/ Supplement Name	 Purpose of Medication
 Dosage	 What time do you take it?

 Medicine/ Supplement Name	 Purpose of Medication
 Dosage	 What time do you take it?

 Medicine/ Supplement Name	 Purpose of Medication
 Dosage	 What time do you take it?

 Medicine/ Supplement Name	 Purpose of Medication
 Dosage	 What time do you take it?

Mental Health Information

Diagnosis

- List any diagnosis you have received and what recommendations you follow.



Diagnosis



Doctor's Recommendation



Diagnosis



Doctor's Recommendation



Diagnosis



Doctor's Recommendation



Diagnosis



Doctor's Recommendation

Financial Information



- Please fill out this section with important banking and finance information

Bank Name (Checking)	Phone Number	Checking Account Number
Bank Name (Savings)	Phone Number	Savings Account Number

Bank Name (Checking)	Phone Number	Checking Account Number
Bank Name (Savings)	Phone Number	Savings Account Number

- Please fill out this section with important credit card information

Credit Card Company	Phone Number
---------------------	--------------

Credit Card Company	Phone Number
---------------------	--------------

Credit Card Company	Phone Number
---------------------	--------------

Credit Card Company	Phone Number
---------------------	--------------

****La Casita Center recommends that you go to a lawyer to create a fiduciary fund/trust fund where you include all your properties.****

Property & Asset Information

Information about your Home and Vehicles



Are you owner or renter of your home? <input type="checkbox"/> Owner <input type="checkbox"/> Rent <input type="checkbox"/> Other: _____	Address
Property Owner Name (if renting)	Property Owner Phone Number
Maintenance Name (if renting)	Maintenance Phone Number
Electricity & Gas Company	Electricity & Gas Account Number
Water & Sewage Company	Water & Sewage Account Number

- Fill this sheet with all the information about your vehicles
- Include a copy of the insurance, registration, and photos of the vehicles





Vehicle Owner	Registration	VIN
Insurance Company	Insurance Phone Number	Car Loan Information



Vehicle Owner	Registration	VIN
Insurance Company	Insurance Phone Number	Car Loan Information



Vehicle Owner	Registration	VIN
Insurance Company	Insurance Phone Number	Car Loan Information

Immigration Information









- Fill out this section and include copies of important documents

 Immigration Lawyer Name	 Phone Number
--	--

 Organization helping with your case:	 Phone Number
---	--

 Other legal contacts:	 Phone Number
--	--



Family Members with Legal Status



 Name	 Relationship
 Name	 Relationship
 Name	 Relationship
 Name	 Relationship

If you need a consultation with an attorney, you can give us a call at La Casita Center for a free consultation.

Immigration Information

Information sobre sus datos de inmigración




 A #	 Case Number:
--	--

 Date of last entry into the country:	 Port of Entry:
---	--

Have you had previous entries? ☐ Yes ☐ No Dates:

Did you post bail? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If you responded "Yes":		
Amount:	To whom:	Date:

Court Information

 Date	 Court Address	 Judge Name





Have you applied for any benefits (such as asylum, EAD, U-Visa, etc.)? ☐ Yes ☐ No

Specify which benefit:

Who submitted the documents?

Do you have denied cases or appeals? ☐ Yes ☐ No

Appointments

ICE	 Dates:	 Ubicación
ISAP	 Dates:	 Ubicación

**Include copies of important documents.*

Immigration Information

Permanent Residents

- Carry your permanent resident card (green card) with you at all times. Keep a copy of your permanent resident card (green card) in a safe place in your home.

Non-Immigrant People Legally in the Country

- Carry your EAD, your I-94 card, passport with entry stamp, or other proof of your legal status with you. Carry the original and keep a copy in a safe place in your home.

Naturalized U.S. Citizens with a Foreign Accent

- Carry your passport or a photocopy of your naturalization certificate with you. Keep a copy in a safe place in your home. These documents must be notarized.

Undocumented Immigrants Who Have Been in the Country for More Than Two Years

Always carry evidence that you have been in the country **for at least two continuous years**.

Examples:

- Utility bills (electricity, water, etc.) with your name and dated at least two years ago.
- Copy of the birth certificates of your children born in the United States.
- Correspondence you have received by mail.
- School records in the United States.
- Copies of invoices.
- Medical or pharmaceutical records.

Undocumented Immigrants Who Have Been in the Country for Less Than Two Years

- Make a plan with your loved ones about what to do in the event that you do not return home one day. For example, designate someone to pick up the children from daycare.

Know Your Rights

You have the right to...

Remain silent

- You can refuse to speak with an ICE agent. You do not have to answer any questions, especially about your place of birth, immigration status, or how you entered the United States.
- Say that you want to remain silent until you speak with a lawyer.

You have the right to refuse to sign any document before speaking with a lawyer.

- Do not sign anything. Signing could waive your right to speak with a lawyer or your right to a hearing before an immigration judge. This could result in your immediate deportation without a hearing.

You have the right to speak with a lawyer and the right to make a phone call.

- Memorize the phone number of a friend or relative, as you may not have access to your cellphone. Also, memorize the phone number of a legal service provider.

You have the right to demand a warrant before opening the door.

- Do not open the door to ICE without a signed warrant from a judge that specifically and correctly includes your name and the address of the person they are looking for. If they say they have one, do not open the door to let them show it to you. Ask them to slide it under the door or show it through the window.

You have the right to refuse to show any documents.

- Do not show documents issued by another country to an ICE officer, such as a consular ID card or a passport from your country of birth. Never present false documents.

Know Your Rights

Recommendations in case of encounter with ICE

Stay calm and do not flee (whether on foot or in your vehicle)

- If you flee, ICE or the police could use this against you.

Take photos and/or videos if you feel safe doing so.

Especially if ICE violates your rights and/or if a loved one has been detained. It may be helpful to assign a family member who feels comfortable doing this and who is a U.S. citizen.

- Any document they provide you (without signing it)
- Any damage caused to your property
- Information about the agents such as their name and/or badge number
- Evidence of illegal entry into your home or harassment could be useful in court.

Judicial Order vs. ICE Administrative Document

If law enforcement, including Immigration and Customs Enforcement (ICE), knocks on your door, DO NOT open the door. First, ask them to slide a judicial order under the door. Make sure the address and information on the judicial order are correct and that the order is being presented within the specified time frame.

What is a judicial order?

- A judicial order is an official order issued by a court and signed by a judge or magistrate. It authorizes a search of private property, a seizure, or an arrest based on probable cause that a crime is being or has been committed.
- Key features of a judicial order::
 - Specifies the exact address to be searched
 - Indicates the time period within which the search must be conducted
 - Clearly describes the place or person to be searched, and the items to be seized
 - Issued by a court and signed by a judge or magistrate

Below is an example of a judicial order.

Example of a Judicial Warrant



AO 93 (Rev. 12/09) Search and Seizure Warrant

This is a judicial search warrant. It DOES authorize agents to enter your home.

UNITED STATES DISTRICT COURT < Issued by a COURT.

for the
Eastern District of California

In the Matter of the Search of
(Briefly describe the property to be searched
or identify the person by name and address)

540 Oak Avenue
Davis, California 95616

Case No.

SEARCH AND SEIZURE WARRANT

To: Any authorized law enforcement officer

2:11-SW-0161 EFB

An application by a federal law enforcement officer or an attorney for the government requests the search of the following person or property located in the EASTERN District of CALIFORNIA
(Identify the person or describe the property to be searched and give its location):

SEE ATTACHMENT A, ATTACHED HERETO AND INCORPORATED BY REFERENCE

Read attachments to make sure they are regarding YOU and YOUR address, not someone else's.

The person or property to be searched, described above, is believed to conceal (Identify the person or describe the property to be seized):

SEE ATTACHMENT B, ATTACHED HERETO AND INCORPORATED BY REFERENCE

I find that the affidavit(s), or any recorded testimony, establish probable cause to search and seize the person or property.

Date for warrant, not
to exceed 14 days

YOU ARE COMMANDED to execute this warrant on or before

5-9-2011
(not to exceed 14 days)

☐ in the daytime 6:00 a.m. to 10 p.m. ☐ at any time in the day or night as I find reasonable cause has been established.

Unless delayed notice is authorized below, you must give a copy of the warrant and a receipt for the property taken to the person from whom, or from whose premises, the property was taken, or leave the copy and receipt at the place where the property was taken.

The officer executing this warrant, or an officer present during the execution of the warrant, must prepare an inventory as required by law and promptly return this warrant and inventory to United States Magistrate Judge

(name)

☐ I find that immediate notification may have an adverse result listed in 18 U.S.C. § 2705 (except for delay of trial), and authorize the officer executing this warrant to delay notice to the person who, or whose property, will be searched or seized (check the appropriate box) ☐ for _____ days (not to exceed 30).

☐ Until, the facts justifying, the later specific date of _____.

Date and time issued: 4-25-2011
9:10:00 AM

[Signature]
Judge's signature

Signed by a JUDGE.

City and state: SACRAMENTO CALIFORNIA

EDMUND E. BRENNAN, U.S. MAGISTRATE JUDGE

Printed name and title

Source 1 National Immigration Law Center <https://twitter.com/NILC/status/1149755946081538049?s=20>

Know Your Rights

Know Your Rights If law enforcement, including ICE, presents you with any document that is not a judicial order signed by a judge, you are not obligated to open the door.

This includes cases where law enforcement or ICE presents an ICE administrative document they call an "ICE order."

What is an ICE Administrative Order?

- An ICE administrative order is a document issued by a federal agency such as the Department of Homeland Security (DHS) or Immigration and Customs Enforcement (ICE), which supposedly documents their authority to arrest a person suspected of violating immigration laws.
 - These administrative documents are not signed by a neutral magistrate or judge, but by an immigration officer such as an ICE agent or an immigration judge.

An ICE administrative order is NOT a judicial order.

- ICE administrative orders do not grant ICE officers the authority to enter a place where there is a reasonable expectation of privacy without consent.

If this happens:

- Clearly state that you do not consent to them entering, but do not physically resist.
- If ICE officers have already entered, ask them to leave and state that you do not consent to a search.

Below is an example of an ICE administrative order, which DOES NOT authorize agents to enter your home.

Example of administrative warrant:

U.S. Department of Justice
Immigration and Naturalization Service

Warrant of Removal/Deportation

File No: _____

Date: _____

To any officer of the United States Immigration and Naturalization Service:

(Full name of alien)

who entered the United States at _____ on _____
(Place of entry) (Date of entry)

is subject to removal/deportation from the United States, based upon a final order by:

- ☐ an immigration judge in exclusion, deportation, or removal proceedings
- ☐ a district director or a district director designated official
- ☐ the Board of Immigration Appeals
- ☐ a United States District or Magistrate Court Judge

and pursuant to the following provisions of the Immigration and Nationality Act:
Section 241(a)(5) of the Immigration and Nationality Act (Act), as amended.

I, the undersigned officer of the United States, by virtue of the power and authority vested in the Attorney General under the laws of the United States and by his/her direction, command you to take into custody and remove from the United States the above-named alien, pursuant to law, at the expense of the appropriation. "Salaries and Expenses Immigration and Naturalization Service 2002," including the expense of an attendant if necessary.

(Signature of INS official)

(Print name of INS official)

(Date and office location)

Form I-205 (Rev. 4-1-97)N

Other Recommendations

Documents

Gather these documents and copies of these documents and keep them in a safe place

Identification Documents

- Passports
(If your country of origin offers dual nationality, apply for both passports for your children)
- Consular IDs
- Copy of the residency card (green card)
- Work permits
- Birth certificates for each family member
- Social Security card for family members who are U.S. citizens

- General Power of Attorney (Permission for someone to handle your personal matters, such as properties, accounts, etc.)
- Special Power of Attorney (Permission for someone to take care of your children, so they can take them to medical appointments and communicate with the school)
- Special Power of Attorney for your children remaining in the United States to allow them to travel outside the United States.
 - *It is highly recommended that you apply for your children's passports as soon as possible*

- Purchase/sale agreement for your home or lease agreement
Marriage certificates or divorce certificate
- Custody documents
- Vehicle ownership documents
- Insurance policy documents
- Financial or tax records
- Police report

Other Recommendations

Documents

Gather these documents and copies of these documents and keep them in a safe place

All copies of immigration applications and immigration notifications If you legally changed your name, a copy of legal documents indicating this.

For families with special needs

- All documentation related to the medical condition of the family member with special needs
- Copies of the IEP (Individualized Education Program)
- Copies of the SSI (Supplemental Security Income)
- Letter from your child's pediatrician with special needs, stating that their absence from the country could cause fatal medical consequences for your child due to their diagnosis or condition.
- Documentation about support animals.

Other Recommendations

What to Prepare

- Have more than one copy of your car/automobile keys
- Have more than one copy of your house keys
- Make sure your children know the phone number of their parents and an emergency contact
- Make an agreement with someone who is not a family member to be the emergency contact in case of need. *This person should have documents.*
- Save money for possible travel/bail
- Memorize the phone number of your immigration lawyer

In case your children cannot contact you:

- Plan a safe place where they can stay
- Put the contact person's phone number and the safe place information on the refrigerator
- Practice with your children what to do, who to call, and any emergency instructions you deem necessary.

List of medications and doctors

- Medication administration times
- Medical appointment dates
- Important information that needs to be known for any medical condition

Right to an Interpreter

What are language access rights?

Having access to a qualified interpreter is part of a federal law. This means that all organizations receiving federal funds, directly or indirectly, are required to provide qualified interpreters during processes or services. Additionally, any written documentation must be translated by a professional translator.

If necessary, you can show the following card:

ATTENTION RECIPIENTS OF FEDERAL FUNDING

Please copy this card and put it in my permanent record.
I speak limited English.

In order to have equal access to and participate in your services, I require qualified language assistance in _____.

Please call a telephone interpreting service immediately and then make arrangements to provide qualified language assistance, in a timely manner, for all future face to face, telephone, and written communication with me.

Questions? Call the U.S. Department of Justice Civil Rights Division at
1-888-848-5306

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