



Emergency Person-Centered Plan Checklist

Emergency person-centered planning helps to make sure a person has support and knows what to do during an emergency. The CMIST model can help make the plan. CMIST stands for Communication, Maintaining Health, Independence, Support and Safety, Transportation.

Fill out the CMIST checklist below to explain how someone can help you during an emergency.

My Name: _____

Phone Number: _____

Address: _____

This is the contact information of someone who is able to help me.

Family/Care Support: _____

Phone Number: _____

Address: _____

COMMUNICATION

The information below explains how to talk and listen to me. I may need extra time to process information. It is helpful to give one instruction at a time. It is also helpful to be patient with communication. This is especially important during an emergency.

I am non-speaking. I use a:

- ☐ AAC Device ☐ Picture Board ☐ Sign Language
☐ Other _____

I have limited spoken language. I use:

- ☐ Use short 3-5 word sentences ☐ AAC Device
☐ Picture Board ☐ Sign Language
☐ Other _____

For hearing and vision I use:

- ☐ Hearing Aids ☐ White Cane/Glasses
☐ Other _____

► **Take Action:** Always use the communication style that works best for my needs.

MAINTAINING HEALTH

This is information about my medical needs.

Respiratory:

- ☐ Oxygen ☐ Suction ☐ CPAP/BiPAP
☐ Other _____

Medication: _____

Eating: _____

- ☐ Choking Risk (Texture modified) ☐ G-Tube
☐ Other _____

Allergies: _____

Medical Conditions: _____

► **Take Action:** Get a "Go-Bag" with appropriate medical supplies and recheck it annually to keep me healthy and safe.

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INDEPENDENCE

This information will explain what helps me live my daily life. These things can be helpful during stressful times too.

Sensory:

- ☐ Sunglasses ☐ Noise-Canceling Headphones
- ☐ Music ☐ Fidget item ☐ Weighted blanket
- ☐ Other _____

Prompts:

- ☐ Spoken directions help me with tasks
- ☐ Physical support helps me with tasks
- ▶ **Take Action:** Use the Sensory Kit immediately to reduce distress and prevent escalation.

SUPPORT & SAFETY

This is information about me and how to help keep me safe.

Wandering:

- ☐ May elope or run away ☐ Drawn to water
- ☐ Drawn to traffic ☐ Other _____

Identification:

- ☐ wear ID (bracelet, necklace, smartwatch)
- ☐ I have selected a tracking device (GPS)
- ☐ Other _____

When I am stressed or in crisis:

- ☐ Do not touch me ☐ Use a low voice
- ☐ Avoid eye contact ☐ Other _____
- ▶ **Take Action:** Keep a recent photo of the person this checklist is about and identify hazards in the area.

TRANSPORTATION

This is information about how to safely transport me.

Vehicle:

- ☐ I use a wheelchair Van/Lift
- ☐ I use a specialized car seat ☐ Other _____

Transfer:

- ☐ I drive myself ☐ I use public transportation
- ☐ I need 2-person lift equipment
- ☐ Other _____

Travel needs:

- ☐ I prefer a driving route with less traffic and busy roads
- ☐ I can be in the car for _____ minutes at a time
- ☐ Other _____
- ▶ **Take Action:** Prioritize accessible transport or the individual's choice to maintain stability.

OTHER

Insurance:

- ☐ Medicare ☐ Medicaid
- ☐ Private Insurance – Provider: _____

Service Animal:

- Type _____
- Name _____
- Vet _____
- Emergency Contact _____

Staff/Caregiver Team:

- Name(s) _____
- Number(s) _____