

Appendix A

# My Safety Network Resources Worksheet

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**CALL THE POLICE BY DIALING 911 IF YOUR SAFETY IS AT RISK.**

Call 711 to access telecommunications relay services anywhere in the United States.

## **STATEWIDE RESOURCES**

### **Attorney General's Office**

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Web address: \_\_\_\_\_

### **Crime Victim Compensation Office**

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Web address: \_\_\_\_\_

### **Long Term Care Ombudsman Program**

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Web address: \_\_\_\_\_

### **Protection and Advocacy Agency (for Individuals with Disabilities)**

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Web address: \_\_\_\_\_

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**Other Statewide Resource**

Name of agency: \_\_\_\_\_

Contact person: \_\_\_\_\_

Phone: \_\_\_\_\_

**LOCAL RESOURCES**

**Adult Protection Services**

Name of agency: \_\_\_\_\_

Contact person: \_\_\_\_\_

Phone: \_\_\_\_\_

**Domestic Abuse Service Provider**

Name of agency: \_\_\_\_\_

Contact person: \_\_\_\_\_

Phone: \_\_\_\_\_

**Sexual Assault Service Provider**

Name of agency: \_\_\_\_\_

Contact person: \_\_\_\_\_

Phone: \_\_\_\_\_

**Center for Independent Living**

Name of agency: \_\_\_\_\_

Contact person: \_\_\_\_\_

Phone: \_\_\_\_\_

**Legal Aid**

Name of agency: \_\_\_\_\_

Contact person: \_\_\_\_\_

Phone: \_\_\_\_\_

**OTHER RESOURCES**

Name of agency: \_\_\_\_\_

Contact person: \_\_\_\_\_

Phone: \_\_\_\_\_

Name of agency: \_\_\_\_\_

Contact person: \_\_\_\_\_

Phone: \_\_\_\_\_

**PERSONAL RESOURCES**

Name of person: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Name of person: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Name of person: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Name of person: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

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