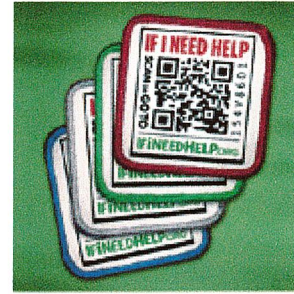
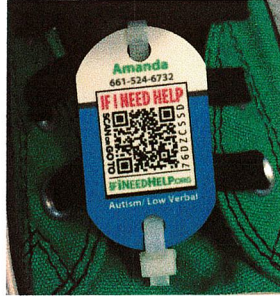


Safety Kit 6 Regional Center Consumer Request Form



Web: ifineedhelp.org, PO Box 803356, Santa Clarita, CA. 91380 Tel. 661.524.6732 info@ifineedhelp.org



2 Custom Bumper Stickers	Custom Shoe Tag	10 iD Patches
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Caregiver Name:	Address:
City:	State: CA.
Zip:	Phone:
Email:	Consumer Name:
Consumer Birthday:	UCI # if known:
CSC Name:	CSC email:

Custom Shoe Tag choose color Grey, Red, Blue, Purple, Pink

First Name 12 Character Max	
Contact Phone - 24 Character Max (Ex. Mom 555-555-1212)	
Info - 17 Character Max (Ex. Autistic/lowVerbal)	

“Special Needs Alert” Custom Bumper Stickers
Example of text for line 1 & 2
May Not Respond to Commands
Behavioral/Sensory issues, Wandering Risk

Line 1, 40 Characters Max	
Line 2, 40 Characters Max	

Signature: _____ Date: _____ REGIONALCENTER _____

Event (if met at event) _____