



Job Tool: Safe and Well Registration Form

Disaster Cycle Services Job Tools
DCS JT-F Respond/Reunification

Safe and Well Registration Form Instructions

The [Safe and Well Registration form](#) is used when there is no Internet connectivity and someone wishes to register on the [Safe and Well website](#). These forms may be distributed to clients and collected upon completion for data entry, or a Red Cross worker may assist a client in completing the form. This form can also be provided to Community Partnerships for distribution at various sites. This form should be treated in a confidential manner, following the American Red Cross [Protecting Personal Information Policy](#) found on [The Exchange](#). Information from the forms must be entered into the [Safe and Well website](#) within 24 hours of form completion. Once the data is entered into the website, the form should be disposed of.

If there is a need for a language translation, email safe@redcross.org.

This job tool should be used in conjunction with the following doctrine:

- [Reunification Standards and Procedures](#)
- [Job Tool: Reunification Services](#)
- [Job Tool: Safe and Well User Guide](#)

Instructions are provided below on how to complete the form correctly. Please fill out each required field (fields with an “*”) and the non-required fields when appropriate. The form itself is available [here](#).

1. Disclaimer:
 - a. The disclaimer at the top of the page matches the disclaimer on the [Safe and Well website](#). It is important that a client reads and understands the information about how the Red Cross uses their information.
2. Client information:
 - a. REQUIRED - First name – Client enters first name or N/A if an organization.
 - b. REQUIRED - Last name – Client enters last name or organization name.
 - c. Client enters remaining information, if desired.
3. Pre-disaster information:
 - a. REQUIRED – Home country, Primary phone, home address, home city, home state, home zip
 - b. Client enters remaining information, if desired.
4. Best contact information:
 - a. REQUIRED – Current city, current state
 - b. Client enters remaining information, if desired.
5. Safe and Well message:
 - a. REQUIRED – Client selects the box that is most appropriate to their situation. A client may select multiple boxes.
6. Custom message:
 - a. A client may enter a custom message up to 255 characters if they want to create a specific message. It is important for a client to understand that anything they write in the custom message will be displayed in a successful search for their record.
7. For Red Cross Use Only:
 - a. REQUIRED – Date/time form completed – This information will help the operation track the form’s progress.

- b. REQUIRED – DR #/ Service Delivery Site – Consult with the site manager to determine the appropriate DR # or service delivery site name.
- c. REQUIRED – Date/time data entered into Safe and Well – Registration information must be entered into Safe and Well within 24 hours of form completion.
- d. REQUIRED – Print name or enter Member # of data entry worker – This information with help the operation track data-entry.

Safe and Well Registration Form

The Red Cross can assist you in telling your loved ones that you are safe and well. If you complete this form, your information will be entered into the Red Cross Safe and Well website at www.redcross.org/safeandwell where your loved ones can search for information about you. Registering yourself on the Safe and Well website is completely voluntary and you can update your entry at any time. Those searching on this site for your information will need to enter your name, along with your address or phone number. The search result will show only your first name, last name, the date and time of registration, and the messages you selected to tell your story. Registration information may be provided to other organizations to locate missing persons, help reunite loved ones, or provide other disaster relief services. By registering yourself as Safe and Well, you are agreeing to the use of your information as described on this page.

*Indicates a required field

Client Information	
*First Name (N/A if registering as an organization)	*Last Name (or organization name)
Email Address	Date of Birth (mm/dd/yyyy)
Pre-disaster Information	
*Home Country	*Primary Phone
Work Phone	Other Phone
*Home Address	*Home City
*Home State	*Home Zip/Postal Code
Best Contact Information	
Current Country	Current Address
*Current City	*Current State
Current Zip/Postal Code	
*Safe and Well Messages	
Please choose one or more of the standard messages below to describe your status.	
<input type="checkbox"/> I am safe and well <input type="checkbox"/> Family and I are safe and well <input type="checkbox"/> Currently at shelter <input type="checkbox"/> Currently at home <input type="checkbox"/> Currently at friend/family member/neighbor's house <input type="checkbox"/> Currently at hotel <input type="checkbox"/> Will make phone calls when able	<input type="checkbox"/> Will email when able <input type="checkbox"/> Will mail letter/postcard when able <input type="checkbox"/> I am safe and in the process of evacuating <input type="checkbox"/> I have evacuated and I am safe <input type="checkbox"/> I am evacuating to a shelter <input type="checkbox"/> I am evacuating to the house of a family member/friend <input type="checkbox"/> I am currently/remaining at home
Custom Message	
You may also add your own short message, up to 255 characters. Please take care that your message is appropriate for the public, and do not publish names or details if doing so could be harmful to you or others. These messages are not reviewed by the Red Cross.	
For Red Cross use ONLY	
*Date/time form completed	*DR #/Service Delivery Site
*Date/time data entered into Safe and Well	*Print name or enter Member # of data entry worker