# DDS Emergency Notification System (DDS ENS)

*The information you provide below will be entered into the DDS (Department of Developmental Services) ENS database. It will only be used to notify you in case of an emergency or disaster.*

| | |
|---|---|
| First Name | |
| Last Name | |
| Section/Unit | |

*Please list any of the following forms of contact that you would like to use to be notified of an emergency. The system will rotate through each until it receives a confirmation by pressing "1".*

| | |
|---|---|
| Home Phone | |
| Work Phone | |
| Instant Msg | |
| Cell/Mobile | |
| Mobile 2 | |
| SMS (Text Msg) | |
| E-mail | |

*Providing your home address will allow DDS to notify you of emergencies in your area it it's a wide spread emergency or disaster.*

| | |
|---|---|
| Street Address | |
| City, State  Zip | |

*Please return the form to the Human Resources Dept. The information will be shared with Tamara.Rodriguez@dds.ca.gov  Thanks!*
***This is voluntary***