



STATE OF NEW JERSEY

DEPARTMENT OF HUMAN SERVICES  
DIVISION OF DEVELOPMENTAL DISABILITIES

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*Acting Commissioner*

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*Deputy Commissioner*

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*Assistant Commissioner*

### Acknowledgement of Receipt of Information Regarding “Danielle’s Law”

I have received the following information pertaining to Danielle’s Law:



In accordance with Danielle’s Law, 911 is to be called in life threatening emergencies. As defined in the law, “Life threatening emergency means a situation in which a prudent person *could* reasonably believe that immediate intervention is necessary to protect the life of a person receiving services, or to protect the lives of other persons at the facility or agency from an immediate threat or actual occurrence of a potentially fatal injury, impairment to bodily functions or dysfunction of a bodily organ or part.”

Failure to call 911 in a life threatening emergency includes monetary fines: \$5,000 for the first offense, \$10,000 for the second offense, and \$25,000 for the third and each subsequent offense. Additionally, a health care professional, licensed or alternately authorized to provide services, may be subject to revocation of that professional license or other authorization to practice as a health care professional.

I have received training on Danielle’s Law including a Power Point Presentation on Danielle’s Law, Frequently Asked Questions about Danielle’s Law, a Fact Sheet on Life Threatening Emergencies, and a copy of Chapter 191, the actual Law.

I understand that it is my responsibility to call 911 if a person served by the Division of Developmental Disabilities is experiencing a life threatening emergency, as defined in Danielle’s Law.” I understand it is the responsibility of the emergency medical professionals to assess the severity of the emergency. My responsibility is to make the call to 911, provide information regarding the condition of the person, and direct emergency workers to the scene of the emergency. It is also my responsibility to provide immediate care until the emergency medical professionals arrive and take over.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title