



In 2015, in response to unintentional firearm injury to children, Ohio AAP leadership established the Store It Safe program (SIS). SIS is a unique partnership of school professionals, healthcare providers, firearm safety experts, and community organizations established to keep children safe from unintentional firearm deaths and teens safe from suicide including safe storage of lethal means. Young children are often curious and will touch anything, while teens are still learning how to control impulses. Our goal is to inform families of risks so they can keep their children safe.

The Ohio Chapter, American Academy of Pediatrics (Ohio AAP), is a statewide organization that promotes the health, safety and well-being of children and adolescents so they can achieve their dreams. With membership of more than 2,900 Ohio pediatricians and residents, Ohio AAP is the state’s strongest network of education and advocacy professionals focused on pediatrics. Ohio AAP members impacted more than 1 million children through quality improvement programs and education.

Store It Safe (SIS) Community Designation Application

Demographics

Choose one: City Village Township Other _____

Community Designation Champion Primary Contact: _____

Full Name: _____

Community Designation Champion Role: _____

Professional Title: Mayor Leader Trustee Other _____

Address, City, State, Zip: _____

Phone Number: _____

Email: _____

Community Designation Decision-Maker: _____

Decision-Maker Role: _____

Check this box if community champion and decision-maker are the same person.

Secondary Contact: _____

Full Name: _____

Professional Title: Mayor Leader Trustee Other _____

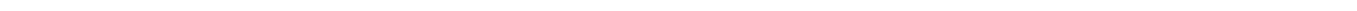
Address, City, State, Zip: _____

Phone Number: _____

Email: _____

Community’s Website: _____

Youth (0-18 years old) population statistics of your community (approximate)?





Does your community currently have any initiatives around firearms safety?

If so, for what ages? _____
If so, what agencies are involved? _____

Does your community currently have any initiatives around safe storage?

If so, for what ages? _____
If so, what agencies are involved? _____

Does your community currently have any initiatives around youth suicide prevention?

If so, for what ages? _____
If so, what agencies are involved? _____

If awarded with the SIS Community Designation, what activities does your community plan on implementing? (select all that apply)

- Hold SIS prevention event(s)
Share SIS social media posts
Provide SIS printed resources in community buildings
Link SIS digital resources on community websites
Add SIS icon/logo to community websites
Place SIS signage in community buildings
Publish SIS-related article in community newsletter/newspaper/publication
Submit SIS-related letter to the editor to community newsletter/newspaper/publication
Other _____

If awarded with the SIS Community Designation, what agencies will be involved in the implementation? (select all that apply)

- Police/Law Enforcement/Fire
Schools/Daycares
County Health Departments
Hospitals/UC/Clinics
Elected Officials
Other _____

If awarded with the SIS Community Designation, what acknowledgements and activities does your community plan on implementing? (select all that apply)

- National Suicide Prevention Month
World Suicide Prevention Day
Survivors of Suicide Loss Day
National Gun Violence Awareness Month



Other _____

Please share why your community is interested in the SIS Designation?

Acknowledgements and Terms of Community Designation

Agreement Statements and Terms

You agree to provide some form of SIS education and materials to community members receiving SIS-related resources. Whether through a formal training, through distribution of educational materials provided with each resource, or an educational program unique to your SIS-related resource distribution plan as described in this application. **Initial here** _____

Has the community decision-maker listed above:

- Been informed of this application
- Approved of this application
- None of the above
- Other _____

Initial here _____

Partnership Agreement

Ohio AAP will only review and consider SIS community designation proposals that agree to meet the following criteria:

- Completion and submission of SIS community designation application

Initial here _____

- Adherence to Ohio AAP’s SIS community designation marketing and brand standards **Initial here** _____

- Educational content, including statistics and representative data **Initial here** _____

- Agreement to publish Ohio AAP’s SIS mission statement, pre-approved logo, and website address on partner’s website and promotional outreach to connect consumers to our organization **Initial here** _____

- All SIS community designation and SIS materials distribution activities must be sent to Ohio AAP for review **Initial here** _____

- Any product or design utilizing *Store It Safe (SIS)™* name and likeness must be provided for review and approval (Drawings and/or photos are accepted in cases where the product is still in development) **Initial here** _____

- SIS is a registered trademarked entity of the Ohio AAP **Initial here** _____

Award Timeline – Renew every 2 years; Renew with new community leadership

Signature _____

Date _____