Autism/Developmental Disability Registration Form
For First Responders
A registry to assist persons at risk

Name: ____________________________________________ DOB: ______
Race: ________ Sex: ________ Height: ________ Weight: ________
Hair Color: ________ Eye Color: ________
Scars/Birthmarks/Tattoos: _______________________________
Home Address: ______________________________________
Home Phone: ____________________ Cell Phone: ______________

Primary Diagnosis: ______________________________________
Level of Functioning (high or low): ___________________________
Verbal/ Non-Verbal: ___________________________
If Non-Verbal, mode of communication: ___________________________

Wandering

Prior wandering incident? Yes ____________ No ____________
Where have they been located before:

Closest Water to residence: ______________________________________
List all lakes, ponds, streams, pools, drainage ponds, etc., in the area:

Favorite hiding place at home: ______________________________________
Favorite place in neighborhood/community: ___________________________
Will they respond to their name being called? Yes_____ No__________

Characteristics:

Sensory Issues: Yes _____ No ________
Touch: Yes _____ No ________
Sounds: Yes _____ No ________
Bright Lights: Yes _____ No ________
Eye Contact: Good/ Fair/ Poor: ______________
Stimming Behavior (describe): ______________________________________
Processing Delays: Yes _____ No ________
Fears: ______________________________________
Dislikes/ Triggers (describe): ______________________________________

For more information on autism safety training, contact Matt Brown, 1(207) 415-1392, email matt@aset911.com, at ASET - Autism Safety Education & Training, www.aset911.com. He can arrange to bring this training to your area. Changes to this form are permitted as long as credit for the author “ASET – Autism Safety Education & Training” is shown on the altered form.
Characteristics (continued):

Favorite Object/Topics: ____________________________________________________________

Pre-meltdown signs: __________________________________________________________________

Meltdown Behavior (describe): __________________________________________________________________

Calming strategies that work: __________________________________________________________________

Violence or Prior Contact with Police: __________________________________________________________________

Weapons in the Home: Yes _______ (If Yes answered, see below) No: __________________________________________________________________

Are weapons properly secured? Yes: __________ No: __________________________________________________________________

Alcohol/drug issues: Yes _______ No: __________________________________________________________________

Emergency Contacts

Home: Name __________________________ Relationship: __________________________
Address: __________________________________________________________________________
Phone Number: Home: ____________ Cell: __________________________

Other Contact/Information

Case Worker Name: __________________________ Agency: __________________________
Agency Phone: __________________________ Case Worker Phone: __________________________

School Name (if applicable): __________________________ Grade: __________________________
School Address: __________________________________________________________________________
School Contact: __________________________ Phone: __________________________
Relationship to Student: __________________________

Place of Work (if employed)
Work Address: __________________________________________________________________________
Work Contact: __________________________ Work Phone: __________________________

Vehicle Info: (if applicable) (Make/year/color): __________________________
License Plate: State __________ Plate Number: __________________________

RELEASE

I, __________________________________________, hereby give my permission for any first responder agency (including but not limited to- police, fire/rescue/ EMS/ 911-dispatch center/search and rescue personnel) to retain and distribute the information contained in this registration form to other first responder personnel, for the sole purpose of identification and protection of, the person identified above in an emergency or crisis situation.

Name (print) : __________________________________________
Name (signature) : ____________________________
Date signed : ____________________________

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