

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: _____

Insert picture here

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): _____

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 : _____