



VILLAGE OF EAGLE POLICE DEPARTMENT SAFETY REGISTRATION

(AUTISM/DEMENTIA/DEVELOPMENTAL DISABILITY REGISTRATION FORM)

INSTRUCTIONS: Please fill out this form as completely as possible. If certain sections do not apply, please indicate so by placing "N/A" in those sections. **Please include a recent photo of the subject when submitting this registration form.** Once completed, please return this form to the Village of Eagle Police Department. You may also send electronic copies of this form **including** the photo to chief@eaglepdwi.com.

Individual's Name: _____
(First) (M.I.) (Last)

Address: _____
(Street) (City) (State) (Zip)

Date of Birth: _____ Age: _____ Preferred Name: _____

Does the Individual live alone? ☐ Yes ☐ No

Attach current
photo here

INDIVIDUAL'S RELEVANT INFORMATION

☐ Male ☐ Female

Height: _____

Weight: _____

Eye Color: _____

Hair Color: _____

☐ Glasses

Cell Phone: ☐ No ☐ Yes Number: _____

Service Provider: _____

☐ N/A

Scars or other identifying marks: _____

Primary Diagnosis / Disability: _____

Other Relevant Medical Conditions / Behaviors in addition to Primary Diagnosis/Disability (check all that apply):

☐ No Sense of Danger

☐ Blind

☐ Deaf

☐ Non-Verbal

☐ Prone to Seizures

☐ Cognitive Impairment

☐ Combative/Aggressive

☐ Processing Delays

☐ Wanders / Walks Away

☐ Does Not Respond to Their Name

☐ Distrust of Law Enforcement / EMS

☐ Fears (describe): _____

☐ Dislikes / Triggers (describe): _____

Eye Contact: ☐ Good ☐ Fair ☐ Poor

Sensory Issues: ☐ Bright Light ☐ Sounds ☐ Touch

☐ Stimming Behavior (describe): _____

☐ Alcohol Abuse ☐ Drug Use / Abuse (describe): _____

☐ Weapons: Access to or History of Use (describe): _____

☐ Prescription Medications Needed: _____

☐ Dietary Issues: _____

☐ Other (please explain): _____

ADDITIONAL INFORMATION SPECIFIC TO THE INDIVIDUAL												
NON-VERBAL <input type="checkbox"/> N/A	Method of Preferred Communication (<i>sign language, picture boards, written words, communication devices, I-Pads, etc.</i>):											
VERBAL <input type="checkbox"/> N/A	Method of Preferred Communication (<i>preferred words, sounds, songs, phrases they may respond to</i>):											
<input type="checkbox"/> N/A	Favorite attractions or locations where the individual may be found:											
<input type="checkbox"/> N/A	Atypical behaviors or characteristics of the individual that may attract the attention of Responders:											
<input type="checkbox"/> N/A	Individual's favorite toys, objects, music, discussion topics, likes or dislikes:											
I.D. <input type="checkbox"/> N/A	Identification information, including where it is located (<i>i.e., Does the individual carry or wear jewelry, tags, ID card, medical alert bracelets, etc?</i>):											
TRACKING INFORMATION <input type="checkbox"/> N/A	(Does the individual have any tracking devices?):											
MELTDOWNS <input type="checkbox"/> N/A	Pre-Meltdown Indicators: _____ Meltdown Behavior: _____ Calming Strategies: _____											
VEHICLE ACCESS <input type="checkbox"/> N/A	(Does the individual own or otherwise have access to a vehicle that they could use?): <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">Year:</td> <td style="width:25%;">Make:</td> <td style="width:25%;">Model:</td> <td style="width:25%;">Color:</td> </tr> <tr> <td>License Plate Number:</td> <td>Plate State:</td> <td colspan="2">Plate Type (if known): Auto / Truck / Disabled / Military / University / Sports Team / End Species / Other: _____</td> </tr> </table>				Year:	Make:	Model:	Color:	License Plate Number:	Plate State:	Plate Type (if known): Auto / Truck / Disabled / Military / University / Sports Team / End Species / Other: _____	
Year:	Make:	Model:	Color:									
License Plate Number:	Plate State:	Plate Type (if known): Auto / Truck / Disabled / Military / University / Sports Team / End Species / Other: _____										
ADDITIONAL INFORMATION <input type="checkbox"/> N/A												
ASSOCIATES <input type="checkbox"/> N/A	ASSOCIATES											
Name:		Phone Number(s):										
		Cell:		Other:								
Relationship:	Address:		Other Information:									
Name:		Phone Number(s):										
		Cell:		Other:								
Relationship:	Address:		Other Information:									

(Use the reverse side of page 3 to list any additional information not documented elsewhere on this form)

EMERGENCY CONTACT INFORMATION

Name of Emergency Contact (Parents/Guardians, Head of Household/Residence, or Care Providers):

Emergency Contact Address (*Street, City, State, Zip*):

Emergency Contact Phone Numbers:

Home:

Work:

Cell Phone:

Name of Alternate Emergency Contact:

Alternate Emergency Contact Phone Numbers:

Home:

Work:

Cell Phone:

OTHER CONTACT INFORMATION

<input type="checkbox"/> N/A	Social / Mental Health Services Agency Name:	Case Worker Name:
Agency Phone Number:		Case Worker Direct Phone Number(s):
		<i>Work:</i> <i>Cell:</i>
<input type="checkbox"/> N/A	Employer / Business Name:	Work Contact Name (Supervisor, HR Manager, etc.):
Employer / Business Phone Number:		Work Contact Direct Phone Number(s):
		<i>Work:</i> <i>Cell:</i>
<input type="checkbox"/> N/A	School Name:	Grade
School Phone Number:		School Contact Name (Principal, etc.):
		School Contact Direct Phone Number(s):
		<i>Work:</i> <i>Cell:</i>

RELEASE

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

Signature:

Relationship: Parent / Guardian

Date:

Other: