Autism Safety Roster Application Brook Park Police Department

Person Completing This Form										
Name:										
Email:										
Phone Number:				Relations to Person with Autism:						
Person With Autism										
Full Name:										
Gender:	Height:		Weigh	nt:	Hair Color:	Eye Color:				
Date of Birth:		Ethnicity:								
Scars/Birthmarks/Tattoos:										
Home Address:				City:	ZIP Code:					
Parent/Guardian Information										
Name of Parent/Guardian:										
Primary Phone:				Secon	Secondary Phone:					
Place of Work Work Address:										
Name of Secondary Parent/Guardian:										
Primary Phone:			Secondary Phone:							
Place of Work Work Address:										
Autism Symptomatology										
Primary Diagnosis:										
Co-existing diagnosis:										
Communication (Verbal/Non-Verbal):										
Describe Communication if Non-Verbal:										
Wandering										
Prior Wandering Incidents (Yes/No):			If	If Yes, where was he/she found:						
Closest water to residence:										
Favorite hiding place at home:				Favorite hiding place in neighborhood:						

Characteristics									
Touch (Seeker/Avoidance/Unknown):									
Sound (Seeker/Avoidance/Unknown):									
Bright Lights (Seeker/Avoidance/Unknown):									
Self Stimulatory (Stimming) Behavior (Yes/No)									
Process Delays (Yes/No):									
Fears:									
Dislikes/Triggers:									
Favorite Objects/Topics:									
Pre-meltdown signs:									
Meltdown Behavior:									
Calming strategies that work:									
Physical aggression or prior contact with the police:									
Weapons in the home (Yes/No/Unknown):									
Are weapons properly secured (Yes/No/Unknown):									
Alcohol/drug issues (Yes/No/Unknown):									
Does the family have a crisis action plan (Yes/No/Unknown):									
Emergency Contact Information									
Name of Primary Emergency C	Contact:			Relationship:					
Address:				City:					
Primary Phone Number:		Secondary Phone Number:							
Additional Contacts									
Case Worker Name:	Case Worker Phone Number:								
Case Worker Agency:	Case Worker Agency Phone								
School Contact Informatio	n								
School Name:	School Grade:								
Address:			City:						
School Contact:		School Contact Phone:							
Vehicle Information									
Vehicle Make:	Vehicle Mod	el:	Vehicle \	/ear:					
Vehicle Color:	Vehicle License Plate Number:								
Additional Information									
Additional Information:									
Signature									
Signature:				Date:					