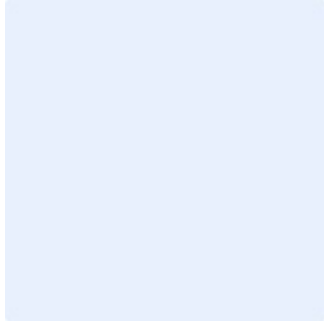


AUTISM/DEVELOPMENTAL DISABILITY REGISTRATION FORM FOR FIRST RESPONDERS

A registry to assist persons at risk

Name (<i>Last, First, M.I.</i>):		<input type="checkbox"/> M <input type="checkbox"/> F	DOB:
Race:	Height:	Weight:	
Hair Color:	Eye Color:	Picture 	
Scars/Birthmarks/Tattoos:			
Primary Diagnosis:			
Level of Functioning (high or low):			
Verbal/Non-Verbal:			
If Non-Verbal, mode of communication:			
Responds to their name being called? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Home Address:			
Home Phone:			
Cell Phone:			

Have they wandered before? Yes No

If so, where were they located?

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:

Characteristics	
Sensory Issues: Yes <input type="checkbox"/> No <input type="checkbox"/>	Touch: Yes <input type="checkbox"/> No <input type="checkbox"/>
Sounds: Yes <input type="checkbox"/> No <input type="checkbox"/>	Bright Lights: Yes <input type="checkbox"/> No <input type="checkbox"/>
Eye Contact: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Stimming Behavior (describe):	
Processing Delays: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Fears:	
Dislikes / Triggers (describe):	
Favorite Objects / Topics:	
Pre-meltdown signs:	
Meltdown behavior (describe):	

Calming strategies that work:	
Violence or prior contact with Police:	
Weapons in the home: Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes, are they properly secured? Yes <input type="checkbox"/> No <input type="checkbox"/>
Type of weapons & location in the home:	
Alcohol/drug issues: Yes <input type="checkbox"/> No <input type="checkbox"/>	

EMERGENCY CONTACTS	
Name:	Relationship:
Address:	
Phone Number:	Cell:

OTHER CONTACT / INFORMATION	
Case Worker Name:	Agency:
Agency Phone:	Case Worker Phone:
School Name (if applicable):	Grade:
School Contact:	Phone:

PLACE OF WORK (IF EMPLOYED)	
Company Name:	
Work Address:	
Work Contact:	Work Phone:

VEHICLE INFORMATION (IF APPLICABLE)
Make / Year / Color:
License Plate (State & Plate Number):

I, _____, hereby give my permission for any first responder agency (including but not limited to –police, fire/rescue/EMS/911-dispatch center/search & 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:

(If filling out & sending electronically put "approved electronically" in the signature field)

Return in person / by mail /email
 Rockwood Fire Department
 32409 Fort Road * Rockwood, MI 48173
fdchief@rockwoodmi.org