



**Police
Department**



South Milwaukee Police Department Safety Roster

Autism/Dementia/Developmental Disability Registration Form

INSTRUCTIONS: Please fill out the form as completely as possible. If certain sections do not apply please put "NA" in those areas. Please attach a photo of your loved one to the registration form. Once completed the form can be dropped off at the South Milwaukee Police Department (Attn: Lt. Dan Fournier).

SUBJECT INFORMATION:

NAME: _____

DOB: _____

RACE: _____ **SEX:** _____ **HEIGHT:** _____ **WEIGHT:** _____

HAIR COLOR: _____ **EYE COLOR:** _____

SCARS/BIRTHMARKS/TATTOOS:

HOME ADDRESS:

PRIMARY DIAGNOSIS:

LEVEL OF FUNCTIONING (HIGH OR LOW):

MEDICAL, SENSORY OR DIETARY ISSUES OR REQUIREMENTS?

VERBAL/NON-VERBAL:

IF NON-VERBAL, MODE OF COMMUNICATION: _____

IDENTIFICATION WORN? (JEWELRY, MEDIC ALERT, CLOTHING TAGS, ID CARD, TRACKING MONITOR, ETC.): _____

DO THEY HAVE A CELL PHONE: YES ____ **NO** ____

IF YES, WHAT IS THE PHONE NUMBER? _____



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WHO IS THE SERVICE PROVIDER? _____

WANDERING:

PRIOR WANDERING INCIDENT? YES _____ NO _____

WHERE HAVE THEY BEEN LOCATED BEFORE?

FAVORITE HIDING PLACE AT HOME: _____

FAVORITE PLACE IN THE NEIGHBORHOOD/COMMUNITY:

FAVORITE PLACE TO GO OUTSIDE OF THE COMMUNITY:

**WOULD THEY GO TO A FORMER RESIDENCE? YES _____ NO _____
IF SO, WHAT IS THE ADDRESS?**

WILL THEY RESPOND IF THERE NAME IS CALLED? YES _____ NO _____

CHARACTERISTICS:

SEOSORY 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: _____



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DISLIKES/TRIGGERS:

**BEST METHODS OF
APPROACH**

FAVORITE OBJECT/TOPICS:

PRE-MELTDOWN SIGNS:

MELTDOWN BEHAVIOR (DESCRIBE):

CALMING STRATEGIES THAT WORK:

VIOLENCE OR PRIOR CONTACT WITH POLICE:

WEAPONS IN HOME: YES ____ NO ____

WHAT TYPE(S) OF WEAPONS:

WEAPONS SECURED BY A SAFE: YES ____ NO ____

ALCOHOL/DRUG ISSUES:



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EMERGENCY CONTACTS:

NAME: _____
RELATIONSHIP: _____
ADDRESS: _____
PHONE: HOME: _____ **CELL:** _____

NAME: _____
RELATIONSHIP: _____
ADDRESS: _____
PHONE: HOME: _____ **CELL:** _____

NAME: _____

RELATIONSHIP: _____
ADDRESS: _____
PHONE: 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: _____



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VEHICLE INFO: (IF APPLICABLE) (MAKE/MODEL/COLOR): _____

LICENSE PLATE: STATE: _____ **PLATE NUMBER:** _____

ADDITIONAL RELEVANT INFORMATION:

RELEASE:

I, _____, hereby give my permission for any first responder agency (including but not limited to- police, fire/rescue/EMS/911- dispatch center/serach and rescue personnel) to retain and distribute the information contained in this registration for 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: _____

*****REMEMBER TO ATTACH A PHOTO OR PHOTOS OF YOUR LOVED ONE!*****