

Autism Checklist for Law Enforcement/First Responders

A registry to assist persons at risk

Last Name: _____ First Name: _____

Personal Description:

Date _____ of _____ Birth: _____
Race & _____ Sex: _____
Height: _____
Weight: _____
Hair color: _____
Eye color: _____
Scars or Birthmarks: _____
Glasses: _____

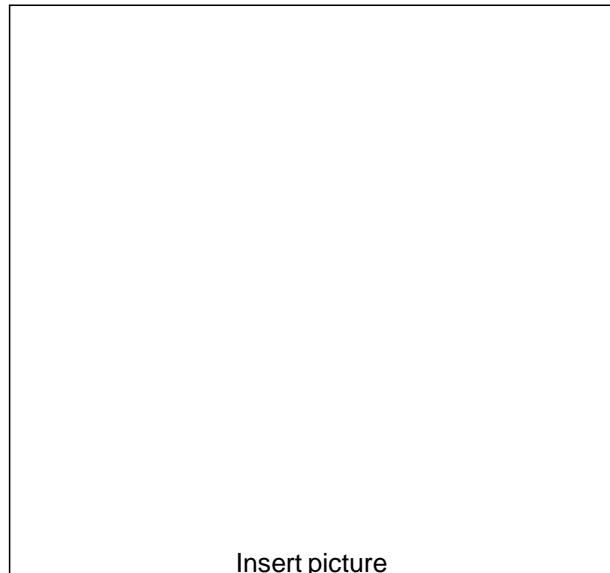
Diagnosis: _____

Any co-existing diagnosis: _____

Does he/she carry any special identification?

YES NO

If so, what form and where is it carried?



Important Address Information:

Home: _____

Phone: _____

School: _____

Phone: _____

Emergency Contacts:

At Home: Name:	Relationship:
Address:	
Phone Number:	Cell Phone Number:
At School: Name:	Relationship:
Address:	
Phone Number:	Cell Phone Number:
Others: Name:	Relationship:
Address:	
Phone Number:	Cell Phone Number:

Mental health diagnosis: _____

Medical concerns: _____

Current medication: _____

Any allergies to medication? YES NO
List: _____

Does he/she have seizures? YES NO

Is he/she verbal or non-verbal? Verbal Non-Verbal
If non-verbal, what type of communication does he/she use? _____

Is he/she sensitive to noise? YES NO

Is he/she sensitive to touch? YES NO

Eye contact Good Fair Poor

Does he/she engage in self-stimming behavior? If so, which one:

Does he/she run away from home or school? YES NO

Where does he/she go? _____

Alcohol/drug issues? _____

Prior arrests/contact with police? _____

History of violence against police/parents/others? _____

Any weapons in your house? YES NO

If so, are they properly secured? YES NO

Does he/she have any specific fears? YES NO

If so, what are they? _____

List any triggers that may upset him/her: _____

Does he/she perseverate on any particular object or theme? _____

What are his/her favorite topics of conversation? _____

Any other pertinent info? _____

RELEASE

I, _____ give my permission to the town of _____ to retain and distribute this information to first response/law enforcement personnel for the sole purpose of identification and assistance to the person at risk.

Print Name: _____

Signature: _____

Date: _____

For more information contact the York Police Department, (207)363-1031. Please complete this form and return it to: York Police Department; 9 Hannaford Drive, York, ME 03909, c/o Jamie Robie or via email at jrobie@yorkpolice.org. Please remember to include a photo of your loved one.