



# PLACERVILLE POLICE DEPARTMENT

730 MAIN ST., PLACERVILLE, CA 95667

Business (530)-642-5210 Fax (530) 642-5258

## AUTISM SAFETY ALERT FORM

Please download this form and fill it out as completely as possible. Any information that may help an officer better communicate with your family member is valuable. The form and an updated photo can be returned to the Placerville Police Department or emailed to [ppdrecords@cityofplacerville.org](mailto:ppdrecords@cityofplacerville.org)

**The purpose of this form is to provide useful information to help officers communicate with individuals experiencing Autism Spectrum Disorder (ASD).**

**Date Form Completed:** \_\_\_\_\_

Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

Scars/Identifying Marks: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Please check all that apply:

**Communication:**

Verbal	Pictures
Non-Verbal	AAC ( <i>Augmentative &amp; Alternative Comm.</i> )
ASL	Echolalia ( <i>Repetition of Words Just Spoken</i> )
Can Write	Will Repeat Questions
Can Read	Can Answer Yes/No Questions
Scripting	Other: _____

**Sensitive to:**

Light	Noise
Touch	Crowds
	Other: _____

**Medical:**

Seizures	Hearing Impaired	High Pain Tolerance
Other: <b>Calm</b>	Vision Impaired	Tics

**Methods:**

Calm/Quiet Voice	Noise Cancelling Headphones
Time Alone	Food/Candy
Other: _____	Ask Why Upset

**Atypical / Stemming Behavior:**

Speaks Loudly  
Self Injury  
Will Run if Chased  
Vocal Stimming  
High Pitched Noise  
Little/No Sence of Danger  
Sensory Seeking  
Other: \_\_\_\_\_

**Avoidance/Dislikes:**

Eye Contact  
Being Wet  
Being Dirty  
Strangers  
Clothes/Shoes  
Other: \_\_\_\_\_

**Personal Space**

**Preference:** \_\_\_\_\_

**What are their**

**Interests/Likes?** \_\_\_\_\_

**Pre-Meltdown Signs:** \_\_\_\_\_

**Meltdown Behavior:** \_\_\_\_\_

**Prior Wandering** (*Previous Locations/Favorite Places, Favorite Hiding Places, Attractions, GPS Locator*) \_\_\_\_\_

**PLEASE COMPLETE EMERGENCY CONTACT INFORMATION ON PAGE 2**

# AUTISM SAFETY ALERT FORM

## EMERGENCY CONTACT INFORMATION

For (Name): \_\_\_\_\_

Put in order to contact Name:

Relationship:

Phone:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Please include an updated photo of your family member to help us identify them and locate them quicker if they become missing. Updated photos can be brought into the Placerville Police Department or emailed to [ppdrecords@cityofplacerville.org](mailto:ppdrecords@cityofplacerville.org).

This form will be maintained by the Placerville Police Department. All information provided is voluntary. The information will be utilized by the Placerville Police Department personnel for official business only. Updated information will ensure that service is provided at the highest level.