









Town of Bedford Voluntary Registry for Individuals with Autism

This form provides the town's emergency services departments with quick access to critical knowledge in an emergency situation. For additional information, please visit www.bedfordpoliceny.org.

Individual's Name	
(First) (M.I.) (Last)	
Address:	
(Street) (City) (State) (Zip)	
Date of Birth Age	
Individual's Physical Description	
MaleFemale Height: Weight:	
Eye color: Hair color:	
Scars or other identifying marks:	
*Please enclose a current photo with the completed form.	
Emergency Contact Information Name of Emergency Contact 1:	
Cell #	
Address:	
Name of Emergency Contact 2:	
Cell #	
Address:	
Preferred Doctor: Phone:	
Please list any life-threatening medical conditions (prone to seizures, hearing loss, other):	

Communication:
Verbal Pictures Sign language Can read Can write
Difficulty answering questions
Can respond to short commands, like "Stop" or "Do This"
Can answer Yes/No questions
Echolalia (will repeat you rather than answer your question)
Understands if you speak slowly with few words
Will usually give up an item if you say "3, 2, 1—ok my turn!"
What is the best way to communicate with this individual?
What are the best calming techniques for this individual? (Good words to use, advice on best approach, any tactical strategies – i.e., holding a stuffed animal, watching YouTube video.)
Sensory Issues / Triggers
Sensitive to: noise light touchcrowds
Dislikes/avoids: eye contact being wet being dirty wearing shoes / clothes
Other:
Please let us know any other areas of concern (attracted to water and unable to swim, loves cars / trucks and prone to running into the street, etc)

Please mail this form with a current photograph to:
Bedford Police Department Autism Registry. 307 Bedford Rd. Bedford Hills, NY 10507

Produced in partnership with BluePath Service Dogs

