



## *Autism Safety Roster Registration Form*

If applicant is accepted into the Project Lifesaver Program, the following terms shall apply as agreed to upon the signing of the Project Lifesaver contract:

I acknowledge that the information I have provided is true and accurate to the best of my knowledge. All information provided has been given voluntarily, and I consent to the collection, use and disclosure of such information for the purposes of the Autism Safety Roster. Furthermore, I hereby represent and warrant that I have full power and authority as the duly authorized representative of the Applicant named below, to register and act on his/her behalf. My Power of Attorney and/or Power of Personal Care is attached, if needed.

THEREFORE, IN CONSIDERATION of the mutual promises and obligations contained herein, the sufficiency of which is acknowledged, the parties agree as follows, each to their respective obligations:

### **PERSON COMPLETING THIS FORM**

Name - Person Completing Form

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Phone

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Email

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Relationship to Person with Disability

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Submission Type

Mark if this is a New Entry or Renewal

New Entry  Renewal

PERSON WITH DISABILITY INFORMATION

First Name

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Last Name

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Race

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Gender

Female  Male

Date of Birth

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Height

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Weight

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Hair Color

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Eye Color

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Identifying Features (Scars, Birthmarks, Tattoos, other Identifying Features)

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## DISABILITY INFORMATION

Primary Diagnosis

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Co-Existing Diagnosis - Mark NA if not applicable

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Communication Method

Verbal     Non-Verbal

Describe if Non-Verbal - Mark NA if not applicable

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Will they respond to their name being called?

Yes     No

## AUTISTIC CHARACTERISTICS

Complete this section if person with disability is Autistic.

Sensory Issues

Seekers     Sensory Avoidance

Touch

Seekers     Sensory Avoidance

Sounds

Seekers     Sensory Avoidance

Bright Lights

Seekers     Sensory Avoidance

Stimming Behavior - Mark NA if not applicable

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DISABILITY CHARACTERISTICS

Process Delays

Yes       No

Fears - Mark NA if not applicable

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Dislikes/ Triggers - Mark NA if not applicable

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Favorite Objects /Topics - Mark NA if not applicable

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Pre-Meltdown Signs - Mark NA if not applicable

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Meltdown Behavior - Mark NA if not applicable

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Calming Strategies That Work - Mark NA if not applicable

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Prior Contact with Police - Mark NA if not applicable

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Alcohol/ Drug Issues

Yes       No

Does the family have a Crisis Plan?

Yes       No

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## WANDERING

Prior Wandering Incident

Yes       No

If prone to wandering, where have they been found? - Mark NA if not applicable

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Closest Water to Residence - Mark NA if not applicable

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List All Lakes, Ponds, Streams, Pools, Etc - Mark NA if not applicable

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Favorite Hiding Places at Home - Mark NA if not applicable

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Favorite Hiding Places in Neighborhood/Community - Mark NA if not applicable

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## SCHOOL INFORMATION

School Name - Mark NA if not applicable

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Grade - Mark NA if not applicable

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School Address - Mark NA if not applicable

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School Contact Name - Mark NA if not applicable

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School Contact Phone - Mark NA if not applicable

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Bus Use

School Bus  Hobbs Express/Public Transportation Bus  None

**RESIDENCE INFORMATION**

Home Address

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City, State

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Phone

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Weapons in the Home?

Yes  No

Weapons Properly Secured?

Yes  No  Not Applicable

PRIMARY GUARDIAN/CARETAKER INFORMATION

Name

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Relationship

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Primary Phone

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Secondary Phone - Mark NA if not applicable

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Place of Work - Mark NA if not applicable

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Work Address - Mark NA if not applicable

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SECONDARY GUARDIAN/CARETAKER INFORMATION

Name

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Relationship

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Primary Phone

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Secondary Phone - Mark NA if not applicable

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Place of Work - Mark NA if not applicable

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Work Address - Mark NA if not applicable

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**PRIMARY EMERGENCY CONTACT INFORMATION**

(Other than previously identified Guardians)

Name

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Relationship

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Primary Phone

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Secondary Phone - Mark NA if not applicable

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Address

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## VEHICLE INFORMATION

Vehicle 1 Make, Model, Year

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Vehicle 2 Make, Model, Year

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Add any additional information

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## RELEASE OF INFORMATION

I, hereby give my permission for any first responder agency (including but not limited to police, fire/rescue/EMS/911 dispatch center, search and 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. By clicking the Release of Information box and typing your full name in the box below, you are agreeing to the release terms posted above.

RELEASE OF INFORMATION

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Today's Date

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