



Special Needs/Intellectual Disabilities Safety Roster Registration Form

Once applicant submits a completed Special Needs/Intellectual Disabilities Safety Roster Registration Form, the following terms shall apply as agreed to upon the signing of the registration form:

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 Special Needs/Intellectual Disabilities 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

Phone

Email

Relationship to Person with Disability

Submission Type

Mark if this is a New Entry or Renewal

New Entry Renewal

PERSON WITH DISABILITY INFORMATION

First Name

Last Name

Race

Gender

Female Male

Date of Birth

Height

Weight

Hair Color

Eye Color

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

DISABILITY INFORMATION

Primary Diagnosis

Co-Existing Diagnosis - Mark NA if not applicable

Communication Method

Verbal Non-Verbal

Describe if Non-Verbal - Mark NA if not applicable

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

DISABILITY CHARACTERISTICS

Process Delays

Yes No

Fears - Mark NA if not applicable

Dislikes/ Triggers - Mark NA if not applicable

Favorite Objects /Topics - Mark NA if not applicable

Pre-Meltdown Signs - Mark NA if not applicable

Meltdown Behavior - Mark NA if not applicable

Calming Strategies That Work - Mark NA if not applicable

Prior Contact with Police - Mark NA if not applicable

Alcohol/ Drug Issues

Yes No

Does the family have a Crisis Plan?

Yes No

WANDERING

Prior Wandering Incident

Yes No

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

Closest Water to Residence - Mark NA if not applicable

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

Favorite Hiding Places at Home - Mark NA if not applicable

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

SCHOOL INFORMATION

School Name - Mark NA if not applicable

Grade - Mark NA if not applicable

School Address - Mark NA if not applicable

School Contact Name - Mark NA if not applicable

School Contact Phone - Mark NA if not applicable

Bus Use

School Bus Hobbs Express/Public Transportation Bus None

RESIDENCE INFORMATION

Home Address

City, State

Phone

Weapons in the Home?

Yes No

Weapons Properly Secured?

Yes No Not Applicable

PRIMARY GUARDIAN/CARETAKER INFORMATION

Name

Relationship

Primary Phone

Secondary Phone - Mark NA if not applicable

Place of Work - Mark NA if not applicable

Work Address - Mark NA if not applicable

SECONDARY GUARDIAN/CARETAKER INFORMATION

Name

Relationship

Primary Phone

Secondary Phone - Mark NA if not applicable

Place of Work - Mark NA if not applicable

Work Address - Mark NA if not applicable

PRIMARY EMERGENCY CONTACT INFORMATION

(Other than previously identified Guardians)

Name

Relationship

Primary Phone

Secondary Phone - Mark NA if not applicable

Address

VEHICLE INFORMATION

Vehicle 1 Make, Model, Year

Vehicle 2 Make, Model, Year

Add any additional information

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

Today's Date
