

# **CITY OF RICHMOND HEIGHTS 911 SPECIAL NEEDS REGISTRY**

The 911 Special Needs Registry is a result of a partnership between community members and the Richmond Heights Police and Fire Departments. The online questionnaire helps ensure that the City's safety services have access to important information about community members with cognitive disorders, including dementia and autism spectrum disorder. This information can be critical in cases where affected individuals wander or are in a crisis situation.

## **What is the goal of this program?**

To help ensure the safety of community members with cognitive disorders — including dementia and autism spectrum disorder — by providing our safety services with information to help identify and protect your family member in a crisis situation.

## **How can I participate?**

An adult family member — or guardian — can print out and submit the completed 911 Special Needs Registry questionnaire to the Police Department. The information requested includes name, physical description, emergency contact information, triggers/behaviors, and other details helpful for our safety services.

## **What happens once I submit the form?**

Once you submit the 911 Special Needs Registry questionnaire the information will be forwarded to the Heights Hillcrest Communications Center (HHCC) — the City's dispatch center — for inclusion in its emergency response system. This information will then be available to safety services responding to a call for help or assistance at your address.

## **How will the information be kept current?**

The Police Department will periodically reach out to the family member or guardian who submitted the questionnaire to ensure the information remains up to date. Community members are also encouraged to re-submit the form with updated information.

# CITY OF RICHMOND HEIGHTS 911 SPECIAL NEEDS REGISTRY

## Step 1 of 12 -Person Completing This Form

Name:

First \_\_\_\_\_ Last \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_

Relationship to person with autism \_\_\_\_\_

## Step 2 of 12 –Person with Autism Information

Full Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

### Select EEOC Category

- African-American
- American Indian/Alaskan Native
- Asian/Pacific Islander
- Hispanic
- White

### Gender

- Male
- Female
- Prefer Not to Answer

Height \_\_\_\_\_

Weight \_\_\_\_\_

### Hair Color

- Blonde/Strawberry Blonde
- Black
- Blue
- Brown
- Gray or Partially Gray
- Green

- Orange
- Pink
- Purple
- Red or Auburn
- Unknown or Completely Bald
- White

**Eye Color**

- Black
- Blue
- Brown
- Gray
- Green
- Hazel
- Maroon
- Multi-colored

**Scars/Birthmarks/Tattoos** \_\_\_\_\_

\_\_\_\_\_

**Step 3 of 12 –Person with Autism Residential Information**

**Home Address** \_\_\_\_\_

**City** \_\_\_\_\_

**Zip Code** \_\_\_\_\_

**Step 4 of 12 –Parent or Guardian Information**

**Name of Parent/Guardian** \_\_\_\_\_

**Primary Phone** \_\_\_\_\_

**Secondary Phone** \_\_\_\_\_

**Place of work** \_\_\_\_\_

**Work Address** \_\_\_\_\_

Name of Other Parent/Guardian \_\_\_\_\_

Primary Phone \_\_\_\_\_

Secondary Phone \_\_\_\_\_

Place of Work \_\_\_\_\_

Work Address \_\_\_\_\_

**Step 5 of 12 –Autism Symptomatology**

Primary Diagnosis \_\_\_\_\_

Co-existing Diagnosis \_\_\_\_\_

Communications (Verbal/ Non-Verbal) \_\_\_\_\_

Describe Communication If Non-Verbal \_\_\_\_\_

**Step 6 of 12 –Wandering**

Prior Wandering Incident (Yes or No) Select One

- Yes
- No

If “Yes”, Is There A Place He/She Has Been Found Before? \_\_\_\_\_

Closest Water to Residence \_\_\_\_\_

Favorite Hiding Place at Home (If applicable) \_\_\_\_\_

Favorite Hiding Place in Neighborhood/Community (if applicable)  
\_\_\_\_\_

Respond to Name Being Called? \_\_\_\_\_

**Step 7 of 12 –Characteristics**

Select Sensory Issues

- Sensory Issues
- Seekers
- Sensory Avoidance
- Unknown

**Select Touch**

- Seekers
- Sensory Avoidance
- Unknown

**Select Sounds**

- Seekers
- Sensory Avoidance
- Unknown

**Select Bright Lights**

- Seekers
- Sensory Avoidance
- Unknown

**Self-stimulatory (Stimming behavior)**

**Process Delays**

- Yes
- No
- Unknown

**Fears/Dislikes/Triggers** \_\_\_\_\_

**Favorite Objects/Topics** \_\_\_\_\_

**Pre-meltdown Behavior** \_\_\_\_\_

**Calming strategies that work** \_\_\_\_\_

**Physical aggression or prior contact with the Police** \_\_\_\_\_

**Weapons in the home?**

- Yes
- No
- Unknown

**Are weapons properly secured?**

- Yes
- No
- Unknown

**Alcohol/Drug Issues**

- Yes
- No
- Unknown

**Does the family Have a Crisis Action Plan?**

- Yes
- No

**Step 8 of 12 –Emergency Contact Information**

Name of Primary Emergency Contact \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

Primary Phone Number \_\_\_\_\_

Secondary Phone Number \_\_\_\_\_

**Step 9 of 12 –Other Contact**

Case Worker Name \_\_\_\_\_

Case Worker Phone Number \_\_\_\_\_

Case Worker Agency \_\_\_\_\_

Case Worker Agency Phone \_\_\_\_\_

School Name \_\_\_\_\_

School Address \_\_\_\_\_

School Contact Phone \_\_\_\_\_

School Contact (Person) \_\_\_\_\_

School Grade \_\_\_\_\_

School Address \_\_\_\_\_

**Step 10 of 12 –Characteristics**

Vehicle make, model and year \_\_\_\_\_

Vehicle color \_\_\_\_\_

Vehicle license plate number \_\_\_\_\_

**Step 11 of 12 –Additional Information**

Please bring a current photograph with your completed form. Make sure that it only has the person you are submitting for in the picture.

**Step 12 of 12 –Release & Submit**

**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 signing your name in the box, you are agreeing to the release terms posted above.

**Print & Sign Your Full Name**

**Today's Date**