



SPECIAL NEEDS / WANDERING ALERT FORM

Person-Specific Information for First Responders



Please complete form and **include a current photo**. Both the form and photo can be emailed to Somer Oliva at soliva@nridgeville.org, or dropped off to the North Ridgeville Police Department.

Name: _____
(First) (M.I.) (Last)

Date of Birth _____ **Age** _____ **Nickname** _____

___ Male ___ Female Height: _____ Weight: _____ Eye color: _____ Hair color: _____ Glasses: _____

Scars or other identifying marks: _____

___ **Verbal** ___ **Non-Verbal** **Diagnosis:** _____

Address: _____

Lives with: _____

Location and ease of access to any weapons in the home: _____

___ Attracted to water ___ Attracted to trains and/or train tracks ___ Other:

Identification / Tracking Information** (Does the individual carry or wear jewelry, tags, ID card, medical alert bracelet, etc.? Does the individual have a Project Lifesaver or LoJack SafetyNet Transmitter Number?)

Emergency Contact Information

Name of Emergency Contact 1: _____ Cell # _____

Address: _____ Home#: _____ Work# _____

Name of Emergency Contact 2: _____ Cell # _____

Address: _____ Home#: _____ Work# _____

Preferred Doctor: _____ Phone: _____ Preferred Hospital: _____

Medical

___ Prone to seizures ___ hearing impaired ___ vision impaired ___ wears diapers or pull-ups
___ High pain tolerance (could be injured and not show signs) ___ Pica (puts non-food items in mouth)

Other health conditions:

Prescription Medications Needed:

Dietary Restrictions & Any Allergies:

Prior Wandering Incident ___ Yes ___ No

If yes, where has he/she been found before? _____

Favorite hiding place at home: _____

Communication

___ Vocals ___ Pictures ___ Sign language ___ Can read ___ Can write ___ Communication is limited

___ Device:

___ 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

___ Understands visual cues and modeling

___ Will usually give up an item if you say "3, 2, 1—ok my turn!"

Good words to use / phrases that calm: (for example, "Let's go see Mommy & your dog Buster"):

Trigger words **not** to use (No, Stop):

Sensory Issues / Triggers

Sensitive to: ___ noise ___ light ___ touch ___ crowds

Dislikes/avoids: ___ eye contact ___ strangers ___ being wet ___ being dirty ___ wearing shoes / clothes

Other:

Atypical behaviors

___ Makes vocal stimming / high pitched noises

___ Self-injury:

___ Will run if chased

___ Difficulty recognizing faces (including family)

___ Speaks loudly but is not typically aggressive

___ Little or no sense of danger

___ Doesn't show emotion on face

___ Sensory seeking (crashes into things)

___ Can be aggressive:

Other:

Calming methods, Preferred items

___ Noise-blocking headphones

___ Calm and quiet voice

___ Candy

___ Time alone

___ Ask why he/she is upset, explain that things will be ok

___ Music:

___ Toys:

Other:

Favorite topics to talk about (people, places, cartoon characters, tv shows):

Calming ways to touch (hugs, high five, hold hands, rub arms, bear hugs, etc.):