

# Wandering Alert / Special Needs Form

## 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](mailto:soliva@nridgeville.org), or dropped off to the North Ridgeville Police Department.



**Name:** \_\_\_\_\_  
(First) (M.I.) (Last)

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Nickname: \_\_\_\_\_

Driver's License/ID Number: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

☐ Male ☐ Female Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eye color: \_\_\_\_\_ Hair color: \_\_\_\_\_ Glasses: \_\_\_\_\_

Scars or other identifying marks: \_\_\_\_\_

☐ Verbal ☐ Non-Verbal Diagnosis: \_\_\_\_\_

**Address:** \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Does the cell have GPS/Tracking? \_\_\_\_\_

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 and any allergies:

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**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
- ☐ Will run if chased
- ☐ Speaks loudly but is not typically aggressive
- ☐ Doesn't show emotion on face
- ☐ Can be aggressive:
- ☐ Self-injury:
- ☐ Difficulty recognizing faces (including family)
- ☐ Little or no sense of danger
- ☐ Sensory seeking (crashes into things)

Other:

### Calming methods, Preferred items

- ☐ Noise-blocking headphones
- ☐ Candy
- ☐ Ask why he/she is upset, explain that things will be ok
- ☐ Toys:
- ☐ Other:
- ☐ Calm and quiet voice
- ☐ Time alone
- ☐ Music:

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.):

**Please include updated photo(s).**

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**AUTHORIZATION FOR RELEASE OF INFORMATION**

I, hereby give my permission to the North Ridgeville Police Department and its employees to retain and distribute the attached photo and the information contained in this form to other first responder personnel, or media outlets for the sole purpose of identification and protection of the person identified above in an emergency or crisis situation. By signing the Release of Information, you are agreeing to the release terms posted above.

Please print or type individual's information for which release is authorized:

**NAME:** \_\_\_\_\_

**DOB:** \_\_\_\_\_ **SSN:** \_\_\_\_\_

**Parent, Legal Guardian or Power of Attorney authorizing release:**

_____		_____		
Print Last Name		Print First Name		
Current Address: _____				
Street Number	Street Name	City	State	Zip Code
_____		_____		
Signature of Parent/Legal Guardian/POA		Date		

This information needs to be updated on an annual basis for the form to be pertinent and useful. Please plan on providing updated information to the North Ridgeville Police Department.