

Autism Registry Form

<http://southkingstownri.com/town-government/municipal-departments/police>

Person with Autism – Information

New Form or Renewal: _____

Last Name (Child or adult with ASD): _____

First Name (Child or adult with ASD): _____

Middle Name (Child or adult with ASD): _____

Nickname (or any name that may respond to): _____

Gender (Child or adult with ASD): _____

Date of Birth (dd/mm/yyyy): _____

Street Address: _____

City / Town: _____

State: _____

Zip Code: _____

Home Phone: _____

Business / School Phone: _____

Employer / School: _____

Remarks Regarding Employer / School: _____

Language Spoken: _____

Height: _____

Weight: _____

Complexion: _____

Build: _____

Hair Color: _____

Hair Style: _____

Facial Hair: _____

Eye Color: _____

Marks / Scars / Tattoos: _____

Body Location of above: _____

Method of Communication: _____

Identification Worn ? _____

Inclination for wandering or characteristics that may attract: _____

Favorite attractions and locations where person may be found: _____

Best methods of approach (include approach and de-escalation techniques): _____

Life threatening medical concerns: _____

Any other relevant information: _____

Information such as: favorite toys, names most likely to generate a positive response, reinforcers that are used, suggestions for de-escalation and/or cooperation (ie: likes to hold pens).

Information such as **what not to do should be included. (ie: physical and /or direct eye contact, bright lights, loud noises, etc.)**

Contact Information

Emergency Contact Information

Name:

Address: (if different from above)

Home phone:

Work address:

Work phone:

Alternate phone (cell):

Date of Birth:

Gender:

Relationship:
Secondary Contact

Name:

Address: (if different from above)

Home phone:

Work address:

Work phone:

Alternate phone (cell):

Date of Birth:

Gender:

Relationship:

Please attach a photograph to this form. You can also schedule an appointment to have the photograph taken at the South Kingstown Police Department.

Through this form, the South Kingstown Police Department will collect information that can identify you or a family member. Such identifying information may include your name, date of birth, e-mail, address, mailing address and other similar information (“personal data”) when it is **voluntarily** submitted. The South Kingstown Police Department will use your personal data to respond to requests you make of us and/or interacting with the persons named. We may refer to your personal data to better understand your needs and how we can improve our services in relation to you and / or your family. It is acknowledged that it is your responsibility to ensure that the information so collected is current and valid, and that the South Kingstown Police Department is notified in writing of any changes. All information will remain confidential and is NOT a public record and shall only be used for its’ intended purpose, to protect an endangered person.

Name:

Address:

Date of Birth:

Relationship to registrant:

E-Mail: