

OAK LAWN POLICE DEPARTMENT

9446 S. Raymond Avenue * Oak Lawn, Illinois 60453 * Phone (708) 636-2929
www.oaklawn-il.gov

Safely Home Program

Autism/Developmental Disability Registration Form For First Responders

A registry to assist persons at risk

Name: _____ DOB: _____ Sex: M F

Race: _____ Height: _____ Weight: _____

Hair Color: _____ Eye Color: _____

Scars/Birthmarks/Tattoos: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____

Primary Diagnosis: _____

Verbal: Non-Verbal:

If verbal, do they respond to: Yes and No Only? Phrases Only? Conversational?

Do they respond to their name? Yes No

Have they wandered before? Yes No

If so, where were they located? _____

Favorite hiding place at home: _____

Favorite place in neighborhood/community: _____

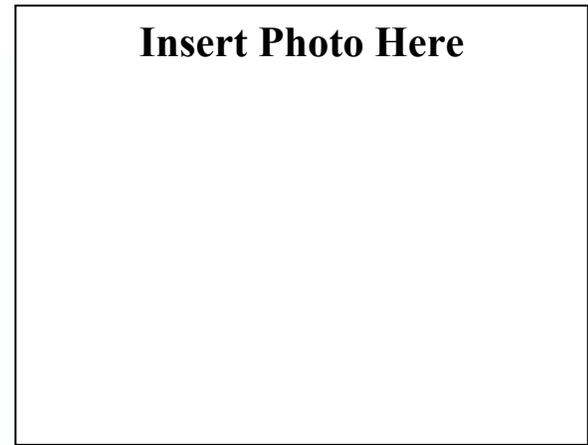
Is this person attracted to bodies of water? Yes No

Closest Water to residence: _____

List all lakes, ponds, streams, pools, drainage ponds, etc., in the area:

Will they respond to their name being called? Yes No

This form can be filled out on the computer and e-mailed along with the photo (JPEG) to Commander Arthur Clark with the Oak Lawn Police Department at aclark@oaklawn-il.gov, who will distribute it accordingly. Please write Safely Home on the subject line. Or you can print it and when filled out (with photo attached) bring it to the Oak Lawn Police Department at 9446 S. Raymond, Oak Lawn, IL 60453.



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Characteristics:

Sensory Issues: Yes No Touch: Yes No Sounds: Yes No

Bright Lights: Yes No Eye Contact: Good: Fair: Poor:

Seizure History: Yes No

Stimming Behavior (describe): _____

Processing Delays: Yes No

Fears: _____

Dislikes/Triggers (describe): _____

Favorite Object/Topics: _____

Pre-meltdown signs: _____

Meltdown Behavior (describe): _____

Calming strategies that work: _____

Violence or Prior Contact with Police: _____

Weapons in the Home: Yes (If Yes, answered, see below) No

Type of weapons & location in the home: _____

Are weapons properly secured? Yes No Alcohol/drug issues: Yes No

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Emergency Contacts

Name: _____ Relationship: _____

Address: _____

Phone Number: Home: _____ Cell: _____

Other Contact/Information

Case Worker Name: _____ Agency: _____

Agency Phone: _____ Case Worker Phone: _____

School Name (if applicable): _____ Grade: _____

School Address: _____ School Contact: _____

Phone: _____ Relationship to Student: _____

Place of Work (if employed) _____

Work Address: _____

Work Contact: _____ Work Phone: _____

Vehicle Info: (if applicable) (Make/year/color): _____

License Plate: State _____ Plate Number: _____

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This program is strictly voluntary. It is designed to assist the Oak Lawn Police Department in the swift and safe recovery of your loved ones. A photograph will be taken by the officer who comes to your house unless supplied by you. This photograph and data will be entered into the database at the Oak Lawn Police Department. In the unlikely event that a loved one wanders away, the police department will already have all the necessary information needed to conduct a thorough and extensive search. This relieves the family of having to attempt to locate the pertinent information during a time of stress, and allows the family to focus on locating the loved one.

Thank you for participating in this program. Please be assured that all the data collected will be held in the strictest of confidence and only used by first responders. We hope it never has to be utilized, but should be peace of mind for the family and the police knowing the information is already to go if needed.

If any you have any questions, please feel free to contact the Oak Lawn Police Department at (708)636-2929.

If you are filling this form out online please attach a JPEG picture of your loved one. Please submit a head and shoulders picture with a neutral background and please do not submit any pictures with anyone/thing but the registrant in it.

If you have any questions about completing this form or need an officer to come to your home to take a picture of your loved one please call (708)636-2929 Monday-Friday 8:00am-2:00pm.

If your loved one is missing please call 911.

RELEASE

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.

Name (print): _____

Name: (signature): _____

Date Signed: _____

(If filling out & sending electronically put “approved electronically” in the signature field)
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