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| --- | --- | --- |
| New Patch | **New Sewickley Township**  **Police Department** | New Patch |
| **Special Needs/Wandering Alert Form** |

Please complete from and **include a current photograph**. The completed form and photograph came be emailed to Patrolman Alexandra Lizzi at [alizzi@newsewickley.com](mailto:alizzi@newsewickley.com), or dropped off at the New Sewickley Township Police Department.

**Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(First) (Middle) (Last)

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

\_\_\_ Male \_\_\_ Female Hight:\_\_\_\_\_\_\_ Weight:\_\_\_\_\_\_ Eye Color:\_\_\_\_\_ Hair Color:\_\_\_\_

Glasses:\_\_\_\_\_ Tattoos: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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/ train tracks \_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Identification/Tracking Information** (Does the individual carry or wear jewelry, tags, ID Card, medical alter 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 #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Hospital:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medical**

\_\_\_ Prone to seizures \_\_\_ Hearing impaired \_\_\_ Vision impaired

\_\_\_ 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 Allergies:

**Prior Wandering Incident** \_\_\_Yes \_\_\_ No

If yes, where was he/she found before? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Favorite hiding place at home:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Communication**

\_\_\_ Vocals \_\_\_ Pictures \_\_\_ Sign Language \_\_\_ Can Read \_\_\_ Can Write \_\_\_ Communication 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 \_\_\_ Understands visual cues and modeling

\_\_\_ Will usually give up an item if you say “3,2,1 – ok my turn!”

Good words to use / phrase to calm:

Trigger words NOT to use (No, Stop, etc.):

**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 it will be ok \_\_\_ Music:

\_\_\_ Toys:

Other:

Favorite topics to talk about (people, places, cartoons, TV shows):

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

**AUTHORIZATION FOR RELEASE OF INFORMATION**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hereby give my permission to the New Sewickley Township Police Department and its employees to retain and distribute the attached photograph 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 for which information release is authorized:

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SSN:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

(First) (Middle) (Last)

Current Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(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 New Sewickley Township Police Department each year.