Please fill out and mail to Androscoggin County Sheriff's Office
2 Turner St. Unit 9 Auburn, ME 04210
Attn: Lt. Martin Fournier
mfournier@androscoggincountymaine.gov

Autism/Developmental Disability Registration Form
For First Responders

A registry to assist persons at risk

Name: _____ **DOB**: _____

Race: _____ Sex: _____ Height: _____ Weight: _____

Hair Color: _____ Eye Color: _____

Scars/Birthmarks/Tattoos: _____

Home Address: _____

Home Phone: _____ Cell Phone:_____

Primary Diagnosis: _____

Level of Functioning (high or low): _____

Verbal/ Non-Verbal: _____

If Non-Verbal, mode of communication: _____

Insert picture here

Have they wandered before? Yes ☐ No ☐

If so, where were they located?_____

Closest Water to residence: _____

_____

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

_____

Favorite hiding place at home: _____

Favorite place in neighborhood/community: _____

Will they respond to their name being called? Yes ☐ No ☐

Characteristics:

Sensory Issues: Yes ☐ No ☐

Touch: Yes ☐ No ☐ Sounds: Yes ☐ No ☐ Bright Lights: Yes ☐ No ☐

Eye Contact: Good: ☐ Fair: ☐ Poor: ☐

Stimming Behavior (describe): _____

Processing Delays: Yes ☐ No ☐

Fears: _____

Dislikes/ Triggers (describe):_____

_____

Favorite Object/ Topics:_____

For more information on autism safety training, contact Matt Brown, 1(207) 415-1392, email matt@aset911.com*, at ASET - Autism Safety Education & Training, www.aset911.com. He can arrange to bring this training to your area. For the Autism Society of Maine go to www.asmonline.org or call 1-800-273-5200.*

Characteristics (continued):

Pre- meltdown signs: _____

Meltdown Behavior (describe):_____

Calming strategies that work: _____

Violence or Prior Contact with Police: Y ☐ N ☐ _____

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 ☐

Emergency Contacts

Home: 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: _____

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)

For more information on autism safety training, contact Matt Brown, 1(207) 415-1392, email matt@aset911.com*, at ASET - Autism Safety Education & Training, www.aset911.com. He can arrange to bring this training to your area. For the Autism Society of Maine go to www.asmonline.org or call 1-800-273-5200.*