



Chicopee Police Department

Autism/Cognitive Needs Alert Form For First Responders

[Click below to upload a photo](#)

Person's Name: _____ Nickname: _____

DOB: _____ Race: _____ Gender: _____

Height: _____ Weight: _____ Hair: _____ Eyes: _____

SSN: _____ School: _____

Scars/Birthmarks/Tattoos: _____

Home Address: _____

Home Phone: _____ Cell: _____

Primary Diagnosis: _____

Physician Name: _____ Phone: _____

Medications: _____

Prone to Seizures? Yes: ___ No: ___ Verbal: ___ Non-Verbal: ___

If non-verbal, mode of communication: _____

Level of Functioning: _____

Will this person respond to name being called? Yes: ___ No: ___

Prior Wandering Incident? Yes: ___ No: ___

If yes, where has this person been located before? _____

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

Favorite hiding place at home: _____

Favorite place in neighborhood/community: _____

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

Bright Lights: Yes: ___ No: ___ Eye Contact: Yes: ___ No: ___

Processing Delays: Yes: ___ No: ___ Aggression: Yes: ___ No: ___

Stimming Behavior: _____

Fears: _____

Dislikes/Triggers: _____

Favorite Objects/Topics: _____

Pre-meltdown Signs: _____

Meltdown Behavior: _____

Calming Strategies: _____

Access to motor vehicle? Yes: ___ No: ___ Make/Model: _____ Reg. # _____

Weapons in the Home? Yes: ___ No: ___ Weapons Secured? Yes: ___ No: ___

Are restraints used by caretakers for safety? Yes: ___ No: ___

Any other information you feel is pertinent to person at risk: _____

Emergency Contacts:

1. Name: _____ Relationship: _____

Address: _____

Home Phone: _____ Cell: _____

Email: _____

2. Name: _____ Relationship: _____

Address: _____

Home Phone: _____ Cell: _____

Email: _____

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 of person/guardian completing form: _____

Signature: _____ Type full name or sign Date: _____

Email Address: _____

Please email completed form to mlyman@chicopeepolice.com or mail to Chicopee Police Department, Attn: Sgt. Lyman, 110 Church St., Chicopee, MA 01020.

Please call (413) 594-1700 if you have any questions or need assistance.