

CITY OF RICHMOND HEIGHTS 911 SPECIAL NEEDS REGISTRY

The 911 Special Needs Registry is a result of a partnership between community members and the Richmond Heights Police and Fire Departments. The online questionnaire helps ensure that the City's safety services have access to important information about community members with cognitive disorders, including dementia and autism spectrum disorder. This information can be critical in cases where affected individuals wander or are in a crisis situation.

What is the goal of this program?

To help ensure the safety of community members with cognitive disorders — including dementia and autism spectrum disorder — by providing our safety services with information to help identify and protect your family member in a crisis situation.

How can I participate?

An adult family member — or guardian — can print out and submit the completed 911 Special Needs Registry questionnaire to the Police Department. The information requested includes name, physical description, emergency contact information, triggers/behaviors, and other details helpful for our safety services.

What happens once I submit the form?

Once you submit the 911 Special Needs Registry questionnaire the information will be forwarded to the Heights Hillcrest Communications Center (HHCC) — the City's dispatch center — for inclusion in its emergency response system. This information will then be available to safety services responding to a call for help or assistance at your address.

How will the information be kept current?

The Police Department will periodically reach out to the family member or guardian who submitted the questionnaire to ensure the information remains up to date. Community members are also encouraged to re-submit the form with updated information.

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Step 1 of 12 -Person Completing This Form

Name:

First _____

Last _____

Email _____

Phone _____

Relationship to person with autism _____

Step 2 of 12 –Person with Autism Information

Full Name _____

Date of Birth _____

Select EEOC Category

- African-American
- American Indian/Alaskan Native
- Asian/Pacific Islander
- Hispanic
- White

Gender

- Male
- Female
- Prefer Not to Answer

Height _____

Weight _____

Hair Color

- Blonde/Strawberry Blonde
- Black
- Blue
- Brown
- Gray or Partially Gray
- Green

- Orange
- Pink
- Purple
- Red or Auburn
- Unknown or Completely Bald
- White

Eye Color

- Black
- Blue
- Brown
- Gray
- Green
- Hazel
- Maroon
- Multi-colored

Scars/Birthmarks/Tattoos _____

Step 3 of 12 –Person with Autism Residential Information

Home Address _____

City _____

Zip Code _____

Step 4 of 12 –Parent or Guardian Information

Name of Parent/Guardian _____

Primary Phone _____

Secondary Phone _____

Place of work _____

Work Address _____

Name of Other Parent/Guardian_____

Primary Phone_____

Secondary Phone_____

Place of Work_____

Work Address_____

Step 5 of 12 –Autism Symptomatology

Primary Diagnosis_____

Co-existing Diagnosis_____

Communications (Verbal/ Non-Verbal)_____

Describe Communication If Non-Verbal_____

Step 6 of 12 –Wandering

Prior Wandering Incident (Yes or No) Select One

- Yes
- No

If “Yes”, Is There A Place He/She Has Been Found Before? _____

Closest Water to Residence_____

Favorite Hiding Place at Home (If applicable) _____

Favorite Hiding Place in Neighborhood/Community (if applicable) _____

Respond to Name Being Called? _____

Step 7 of 12 –Characteristics

Select Sensory Issues

- Sensory Issues
- Seekers
- Sensory Avoidance
- Unknown

Select Touch

- Seekers
- Sensory Avoidance
- Unknown

Select Sounds

- Seekers
- Sensory Avoidance
- Unknown

Select Bright Lights

- Seekers
- Sensory Avoidance
- Unknown

Self-stimulatory (Stimming behavior)**Process Delays**

- Yes
- No
- Unknown

Fears/Dislikes/Triggers _____**Favorite Objects/Topics** _____**Pre-meltdown Behavior** _____**Calming strategies that work** _____**Physical aggression or prior contact with the Police** _____**Weapons in the home?**

- Yes
- No
- Unknown

Are weapons properly secured?

- Yes
- No
- Unknown

Alcohol/Drug Issues

- Yes
- No
- Unknown

Does the family Have a Crisis Action Plan?

- Yes
- No

Step 8 of 12 –Emergency Contact Information

Name of Primary Emergency Contact _____

Relationship _____

Address _____

City _____

Primary Phone Number _____

Secondary Phone Number _____

Step 9 of 12 –Other Contact

Case Worker Name _____

Case Worker Phone Number _____

Case Worker Agency _____

Case Worker Agency Phone _____

School Name _____

School Address _____

School Contact Phone _____

School Contact (Person) _____

School Grade _____

School Address _____

Step 10 of 12 –Characteristics

Vehicle make, model and year_____

Vehicle color_____

Vehicle license plate number_____

Step 11 of 12 –Additional Information

Please bring a current photograph with your completed form. Make sure that it only has the person you are submitting for in the picture.

Step 12 of 12 –Release & Submit

RELEASE OF INFORMATION

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. By signing your name in the box, you are agreeing to the release terms posted above.

Print & Sign Your Full Name

Today's Date