



# ALPENA COUNTY SHERIFF'S OFFICE

**Sheriff Erik W. Smith   Undersheriff Cash J. Kroll  
4900 M32 W, Alpena, Michigan 49707  
Phone (989) 354-9830 · Fax (989) 340-1008 · [www.alpenasheriff.com](http://www.alpenasheriff.com)**

Any information that may help an officer better communicate with your family member is valuable. The form and an updated photo can be returned to Victim Services Unit by email to: [vsu@alpenacounty.org](mailto:vsu@alpenacounty.org).

**The purpose of this form is to provide useful information to help officers communicate with individuals experiencing autism spectrum disorder (ASD).**

Date Form Completed:

Name:		Nickname:	
Date of Birth:		Age:	Sex:
Height:	Weight:	Eye Color:	Hair Color:
Scars/Identifying Marks:			
Address:		Phone:	
Please check all that apply:			
<b>Communication:</b>		<input type="checkbox"/> Pictures <input type="checkbox"/> Scripting	<b>Atypical/Stimming Behavior:</b>
<input type="checkbox"/> Verbal	<input type="checkbox"/> Non-Verbal	<input type="checkbox"/> AAC ( <i>Augmentative &amp; Alternative Comm.</i> ) <input type="checkbox"/> Echolalia ( <i>Repetition of Words Just Spoken</i> )	<input type="checkbox"/> Speaks Loudly <input type="checkbox"/> Self Injury
<input type="checkbox"/> ASL	<input type="checkbox"/> Can Write	<input type="checkbox"/> Will Repeat Questions <input type="checkbox"/> Can Answer Yes/No Questions	<input type="checkbox"/> Will Run if Chased <input type="checkbox"/> Vocal Stimming
<input type="checkbox"/> Can Read		<input type="checkbox"/> Other:	<input type="checkbox"/> High Pitched Noise
<b>Sensitive to:</b>		<input type="checkbox"/> Noise <input type="checkbox"/> Crowds <input type="checkbox"/> Other:	<input type="checkbox"/> Little/No Sense of Danger <input type="checkbox"/> Sensory Seeking
<input type="checkbox"/> Light	<input type="checkbox"/> Touch		<input type="checkbox"/> Other:
<b>Medical:</b>		<input type="checkbox"/> Hearing Impaired <input type="checkbox"/> High Pain Tolerance	<b>Avoidance/Dislikes:</b>
<input type="checkbox"/> Seizures	<input type="checkbox"/> Other:	<input type="checkbox"/> Vision Impaired <input type="checkbox"/> Tics	<input type="checkbox"/> Eye Contact
<b>Calming Methods:</b>		<input type="checkbox"/> Noise Cancelling Headphones <input type="checkbox"/> Food/Candy <input type="checkbox"/> Ask Why Upset	<input type="checkbox"/> Being Wet
<input type="checkbox"/> Calm/Quiet Voice	<input type="checkbox"/> Time Alone		<input type="checkbox"/> Being Dirty
<input type="checkbox"/> Other:			<input type="checkbox"/> Strangers
<b>Personal Space Preference:</b>			<input type="checkbox"/> Clothes/Shoes
<b>What are their interests/likes?</b>			
<b>Pre-Meltdown Signs:</b>			
<b>Meltdown Behavior:</b>			
<b>Prior Wandering</b> ( <i>Previous Locations/Favorite Places/Favorite Hiding Places/Attractions/GPS Locator</i> )			

Please Complete Emergency Contact Information on Page 2.

# AUTISM SAFETY ALERT FORM

## Emergency Contact Information

For (Name): \_\_\_\_\_

Put in order to contact:		Name:	Relationship:	Phone:
1				
2				
3				

Please include an updated photo of your family member to help us identify them and locate them quicker if they become missing. Updated photos can be sent by email to [vsu@alpenacounty.org](mailto:vsu@alpenacounty.org).