



# ALPENA COUNTY SHERIFF'S OFFICE

**Sheriff Erik W. Smith    Undersheriff Cash J. Kroll**  
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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>		<b>Atypical/Stimming Behavior:</b>	
<input type="checkbox"/> Pictures	<input type="checkbox"/> Scripting	<input type="checkbox"/> Speaks Loudly	
<input type="checkbox"/> Verbal	<input type="checkbox"/> AAC ( <i>Augmentative &amp; Alternative Comm.</i> )	<input type="checkbox"/> Self Injury	
<input type="checkbox"/> Non-Verbal	<input type="checkbox"/> Echolalia ( <i>Repetition of Words Just Spoken</i> )	<input type="checkbox"/> Will Run if Chased	
<input type="checkbox"/> ASL	<input type="checkbox"/> Will Repeat Questions	<input type="checkbox"/> Vocal Stimming	
<input type="checkbox"/> Can Write	<input type="checkbox"/> Can Answer Yes/No Questions	<input type="checkbox"/> High Pitched Noise	
<input type="checkbox"/> Can Read	<input type="checkbox"/> Other:	<input type="checkbox"/> Little/No Sense of Danger	
<b>Sensitive to:</b>		<input type="checkbox"/> Sensory Seeking	
<input type="checkbox"/> Noise	<input type="checkbox"/> Crowds	<input type="checkbox"/> Other:	
<input type="checkbox"/> Light	<input type="checkbox"/> Other:	<b>Avoidance/Dislikes:</b>	
<b>Medical:</b>		<input type="checkbox"/> Eye Contact	
<input type="checkbox"/> Hearing Impaired	<input type="checkbox"/> High Pain Tolerance	<input type="checkbox"/> Being Wet	
<input type="checkbox"/> Seizures	<input type="checkbox"/> Vision Impaired	<input type="checkbox"/> Being Dirty	
<input type="checkbox"/> Tics	<input type="checkbox"/> Other:	<input type="checkbox"/> Strangers	
<b>Calming Methods:</b>		<input type="checkbox"/> Clothes/Shoes	
<input type="checkbox"/> Noise Cancelling Headphones	<input type="checkbox"/> Food/Candy	<input type="checkbox"/> Other:	
<input type="checkbox"/> Calm/Quiet Voice	<input type="checkbox"/> Ask Why Upset		
<input type="checkbox"/> Time Alone			
<input type="checkbox"/> Other:			
<b>Personal Space Preference:</b>			
<b>What are their interests/likes?</b>			
<b>Pre-Meltdown Signs:</b>			
<b>Meltdown Behavior:</b>			
<input type="checkbox"/> Prior Wandering	(Previous Locations/Favorite Places/Favorite Hiding Places/Attractions/GPS Locator)		

**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).