

RIVER EDGE POLICE  
AUTISM (ASD) / MENTAL HEALTH AWARENESS FORM

NAME OF CHILD OR ADULT: \_\_\_\_\_

NICKNAME: \_\_\_\_\_ DOB: \_\_\_\_\_ HEIGHT: \_\_\_\_\_ SEX: \_\_\_\_\_

RACE: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ EYE COLOR: \_\_\_\_\_ HAIR COLOR: \_\_\_\_\_

SCARS OR IDENTIFYING MARKS: \_\_\_\_\_

MEDICAL CONDITIONS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ OTHER PHONE: \_\_\_\_\_

METHOD OF COMMUNICATION (IF NON-VERBAL) SIGNING, WRITEN WORD ETC.

\_\_\_\_\_

IDENTIFICATION WORN: JEWELRY/MEDIC ALERT, CLOTHING TAGS, TRACKING MONITOR

\_\_\_\_\_

TRIGGERS OR AVERSIONS: \_\_\_\_\_

CONVERSATION STARTERS: \_\_\_\_\_

INCLINATION FOR WANDERING BEHAVIORS OR CHARECTERISTICS THAT MAY ATTRACT ATTENTION:

\_\_\_\_\_

FAVORITE LOCATIONS WHERE PERSON MAY BE FOUND IF MISSING:

\_\_\_\_\_

LIKES AND DISLIKES (DE-ESCALATION TECHNIQUES):

\_\_\_\_\_

PARENT/CAREGIVER NAME: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ ALT NUMBER: \_\_\_\_\_

OTHER EMERGENCY MEDICAL CONTACT INFO:

\_\_\_\_\_

PLEASE EMAIL A CURRENT PHOTO OF THE INDIVIDUAL, TO ONLY BE USED IN THE SOLE EVENT OF A MISSING PERSONS INVESTIGATION TO [jzemaite@riveredgepolice.org](mailto:jzemaite@riveredgepolice.org) OR WHEN RETURNING THIS FORM.