

# Autism Checklist for Law Enforcement / First Responders

A registry to assist persons at risk

Last Name: \_\_\_\_\_ First name: \_\_\_\_\_

Personal Description:

Date of Birth: \_\_\_\_\_

Race & Sex: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Scars or Birthmarks: \_\_\_\_\_

Glasses: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Any co-existing diagnosis: \_\_\_\_\_

**Photo**

Does he/she carry any special identification?  
YES NO

If so, what form and where is it carried?  
\_\_\_\_\_

## Important Address Information:

Home address:	School address:
Phone:	Phone:

## Emergency Contacts

Contact #1 Name:	Relationship
Address:	
Phone Number:	
Contact #2 Name:	Relationship
Address:	
Phone Number:	
Contact #3 Name:	Relationship
Address:	
Phone Number:	

Medical Concerns: \_\_\_\_\_

Current Medications: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any allergies to medication: YES NO  
List: \_\_\_\_\_

Is he/she verbal or non-verbal VERBAL NON-VERBAL

Is he/she sensitive to noise? YES NO

Is he/she sensitive to touch? YES NO

Eye Contact Good Fair Poor

Does he/she engage in self-stimming behavior? If so, which one:  
\_\_\_\_\_

Does he/she run away from home or school: YES NO

Where does he/she go? \_\_\_\_\_

Alcohol/drug issues? \_\_\_\_\_

Prior arrests/contact with police? \_\_\_\_\_

History of violence against police/parents/others? \_\_\_\_\_  
\_\_\_\_\_

Any weapons in your house? \_\_\_\_\_

If so, are they properly secured? \_\_\_\_\_

Does he/she have any specific fears? YES NO

\_\_\_\_\_

List any Triggers that may upset him/her: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does he/she perseverate on any particular object or theme? \_\_\_\_\_  
\_\_\_\_\_

What are his/her favorite topics of conversation?

Any other pertinent info:

RELEASE

I, \_\_\_\_\_ give my permission to the Town of Houlton to retain and distribute this information to first response/law enforcement personnel for the sole purpose of identification and assistance to the person at risk.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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For more information on autism, contact the Autism Society of Maine. 1-800-273-5200.

Houlton Police Department  
97 Military Street  
Houlton, ME 04730  
207-532-2287  
<http://www.houltonpolice.com>