



CHIEF OF POLICE  
Thomas J. Mulligan

## NORTH KINGSTOWN POLICE DEPARTMENT

8166 POST ROAD, NORTH KINGSTOWN, RHODE ISLAND 02852

Telephone: (401) 294-3311 FAX: (401) 294-6830

Administrative Offices: (401) 294-3316

### Autism Alert Registration

**Instructions:** Complete this application, affix a recent photograph and return to the North Kingstown Police Department. If unable to provide a recent photograph contact the North Kingstown Police Department Detective Division to set up an appointment to have a photograph taken.

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

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ DOB \_\_\_\_\_

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

Eyes: \_\_\_\_\_ Hair color: \_\_\_\_\_

Identifying scars/ Deformities: \_\_\_\_\_

Method of Communication: \_\_\_\_\_

Life threatening medical concerns: \_\_\_\_\_

#### **Habits of person with Autism**

Does this person wander and does he/she have favorite attractions or places where they may be found: (ie. Playground, near water, woods, etc...) \_\_\_\_\_

Please provide any other pertinent information that could be useful for first responders such as: method to approach and de-escalation techniques, reinforces that are used to de-escalate and/or promote cooperation (ie: likes to hold pens, etc.). \_\_\_\_\_

Please provide any information that could be useful for first responders on what not to do when dealing the autistic individual. (ie. Physical contact, direct eye contact, bright lights, loud noises, etc.) \_\_\_\_\_

**Emergency Contact Information:**

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

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Relationship to Autistic person \_\_\_\_\_

**Secondary Emergency Contact:**

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

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Relationship to Autistic person \_\_\_\_\_

All information obtained from this application is confidential and is NOT a public record. The information on this application shall only be used for its' intended purpose, to protect an endangered person. It is also acknowledged that it is your responsibility to make sure that the information provided is accurate and that the North Kingstown Police Department will be notified if there are any changes.

\_\_\_\_\_  
Signature of person filling out application

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Law Enforcement Official

\_\_\_\_\_  
Date