



Louisa County Sheriff's Office

1 Woolfolk Ave

P.O. Box 504

Louisa, VA 23093



Project First Responder

Voluntary Autism, Alzheimer's / Intellectual & Developmental Disabilities Informational Form

This program allows families to provide critical information to first responders before they have any type of interaction. Information provided includes methods of communication, sensory and medical issues, as well as approach and de-escalation techniques. Responding to this form is voluntary, but please provide all the detail that you can, using other paper if necessary. This information will be provided to emergency responders when coming in contact with the person named on this form, or at the address listed. This form requires a signature on the last page and may be filled out by the individual with the specific disability, their parent/guardian, foster family, legal representative or legal guardian. (A signature is required to process the information contained on the form).

Name: _____

Nickname: _____ Date of Birth: _____ Height: _____

Weight: _____ Eye Color: _____ Hair Color: _____

School or Place of Employment: _____

Scars or Identifying Marks : _____

Address: _____

Vehicles Associated Year: _____ Make: _____ Model: _____ Color: _____

License State: _____ Plate #: _____ Other (ie., Stickers, Damage, spoiler): _____

Phone Number: _____

Parent's Name _____ Contact Numbers: _____

Parent's Name _____ Contact Numbers: _____

Caretaker's Name _____ Contact Numbers: _____

Caretaker's Name _____ Contact Numbers: _____

Emergency Contact: _____ Contact Numbers: _____

Method of Communication "pictures, sign language, written words", etc.: _____

Identification worn: Jewelry/medical alert, ID, Tracking Monitoring, Clothing Tags, Etc.:

Sensory, medical, or dietary issues if any:

Favorite attraction, favorite spot where person may be found if missing:

Likes and Dislikes (include approach and de-escalation techniques)



Any other information you feel we should know to better facilitate a pleasant interaction with your family member:

Important: Please review the following before completing, signing, and/or submitting this form:

If you choose to complete this form, it will be added to the Louisa County Sheriff's CAD Alert System. The 911-Dispatchers can relay this information to Emergency Response Personnel in advance. I authorize the dissemination of the provided information above to first responders by 911 Dispatchers.

_____ Initials Required

Responding to this form is voluntary. This form requires a signature below and may be filled out by the individual with the specific disability, their parent/guardian, foster family, legal representative or legal guardian. (A signature is required to process the information contained on this form). It is the responsibility of the individual completing this form to update it immediately when changes occur, such as, but not limited to: address, contact information or physical appearance. (It is required that an update be done at a minimum of once a year, on the individuals birthday)

_____ Initials Required

Signature : _____

Name Printed: _____

Relationship: _____

Date: _____

IMPORTANT

Please Attach a recent photograph to this form
