



Michael Foligno
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ELMWOOD PARK POLICE DEPARTMENT

AUTISM/SPECIAL NEEDS AWARENESS FORM

NAME OF CHILD OR ADULT: _____

NICKNAME IF ANY: _____ D.O.B.: _____ HEIGHT: _____ SEX: _____ RACE: _____

WEIGHT: _____ EYE COLOR: _____ HAIR COLOR: _____ SCARS/IDENTIFYING MARKS: _____

MEDICAL CONDITIONS: _____

ADDRESS: _____ CITY: _____ STATE: _____

HOME PHONE: _____ OTHER PHONE: _____

METHOD OF COMMUNICATION IF NON VERBAL: SIGN LANGUAGE, WRITTEN WORDS, ETC.:

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

TRIGGERS OR ADVERSIONS: _____

CONVERSATION STARTERS: _____

INCLINATION FOR WANDERING BEHAVIORS OR CHARACTERISTICS THAT MAY ATTRACT ATTENTION: _____

FAVORITE ATTRACTIONS OR LOCATIONS WHERE PERSON MAY BE FOUND IF MISSING : _____

LIKES AND DISLIKES (DE-ESCALATION TECHNIQUES): _____

PARENTS/CAREGIVER NAME: _____ PHONE: _____

ADDRESS: _____ CITY: _____ STATE: _____

OTHER EMERGENCY MEDICAL CONTACT INFO: _____
