



## Providence First Police Department Autism Home Safe Alert System Enrollment

Name of Child or Adult: \_\_\_\_\_

D.O.B: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_

Primary language: \_\_\_\_\_

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

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Scars/marks/Tattoos: \_\_\_\_\_

Nickname (or name that should be used to solicit a response) \_\_\_\_\_

Does the individual respond to his or her name? Yes  No

Method of communication? Verbal: Yes  No  Limited

Check all that apply: Sign Language:  Picture Boards:  Written Words:

Other: \_\_\_\_\_

How would the individual respond to sirens, lights, k9's people in uniform?

\_\_\_\_\_

Triggers or Aversions: \_\_\_\_\_

\_\_\_\_\_

Conversation Starters: \_\_\_\_\_

\_\_\_\_\_

Best Method of Approach (Include approach and de-escalation techniques normally used)

---

---

Fascinations or special interests: \_\_\_\_\_

---

Repetitive behaviors/movements: \_\_\_\_\_

---

Favorite places to go or locations where person may be found if missing:

---

---

Medical Issues: \_\_\_\_\_

---

Additional Information: \_\_\_\_\_

---

**Emergency Contact**

Primary Emergency Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

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

Secondary Emergency Contact: \_\_\_\_\_

Phone: \_\_\_\_\_



## **Release Form**

The Providence Police and Fire Departments will use your personal data when responding to your request of service and/or when interacting with the persons named. Your personal data will help us better understand your needs and how we can improve our services in relation to you and / or your family.

It is acknowledged that it is your responsibility to ensure that the information collected is current and valid, and that the **Community Relations Bureau** is notified in writing of any changes.

**Community Relations Bureau  
325 Washington Street  
Providence, RI 02903**

The Autism Alert System is a voluntary program, all information will remain confidential and is NOT a public record and shall only be used for its' intended purpose, to protect an endangered person.

I, \_\_\_\_\_ voluntarily give my permission that the information collected can be used by the Providence Police and Fire personnel in order to better assist me or the person registered.

Print name: \_\_\_\_\_ Signature \_\_\_\_\_

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

E-Mail: \_\_\_\_\_

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

If you are completing this form on someone: behalf please indicate your name and relationship.

Relationship to registrant: \_\_\_\_\_

**For questions regarding enrollment please contact Captain Henry Remolina at  
401-243-6101.**

**To submit electronically, email forms at [hremolina@providenceri.gov](mailto:hremolina@providenceri.gov)**