BPD

At Risk/ Special Needs Information Form

Full Name _____ **Date of Birth** _____

Physical Address (Not P.O. Box) _____

City _____ **State** _____

Phone Number _____ **Cell** _____

Driver's License Number _____ **State** _____

Level of Functionality *(Circle all that apply)*:

- ☐ Low support required
- ☐ No cognitive decline
- ☐ Moderate cognitive decline
- ☐ Severe cognitive decline
- ☐ Moderate Support Required
- ☐ Severe Support required

Wandering Tendencies

- GPS Locator: **Y / N** -
- Prior Wandering: **Y / N** -

Previous Locations: _____

Favorite Hiding Places: _____

Favorite Places: _____

Attractions / Reactions

- Responds to being called: **Y / N** -
- Reaction to Animals: _____
- Reaction to Officers: _____
- Reaction to Touch: _____
- Reaction to Sounds: _____

Behavior

- Aggressive: **Y / N** -
- Triggers: _____
- Pre-Meltdown Signs: _____
- Calming Strategies: _____
- Restraints Used by Caretakers: _____
- Fears: **Y / N** How Manifested: _____
- Eye Contact: _____
- Stimming Behavior: **Y / N** _____

Other

- Weapons at the Living Location: **Y / N** _____
- Favorite Things: _____
- Programs Associated With: _____
- Prior Military Service: _____

Preferred Communication Mode *(Circle all that apply)*:

- ☐ ASL
- ☐ Verbal – English
- ☐ Verbal – Other
- ☐ Verbal – Spanish
- ☐ Visual
- ☐ Written – English
- ☐ Written – Other
- ☐ Written – Spanish

Officers Familiar with Individual: _____

Medical *(Circle all that apply)*:

- ☐ Alzheimer's
- ☐ Asperger's
- ☐ Attention Deficit/Hyperactivity Disorder
- ☐ Autism
- ☐ Dementia
- ☐ Intellectual Disability
- ☐ PTSD

Prone to Seizures: **Y / N** -

Sensory Issues: **Y / N** -

Processing Delay: **Y / N** -

Medical Conditions: _____

Medications: _____

Next of Kin

Name: _____
Address: _____
City/ST/Zip: _____
Phones: _____ / _____
Relationship: _____
Key Holder: Y / N -

Name: _____
Address: _____
City/ST/Zip: _____
Phones: _____ / _____
Relationship: _____
Key Holder: Y / N -

Other Related Persons

- Spouse: _____
- Others: _____