



Racine Police Department
 730 Center Street
 Racine, WI 53403
 (262) 635-7700

For Office Use Only

Complaint #:

AUTISM/ALZHEIMER/DEMENTIA ELOPEMENT ALERT FORM

Person-Specific Information for First Responders

INDIVIDUAL'S NAME – Last			First	Middle	Date of Birth:		
Home Address			Apt.	City	State	Zip	Telephone (H)
Addresses in Racine the Individual Frequently Visits			Apt.	City	State	Zip	
Preferred Name				Does Individual Live Alone?		Male or Female	
Height	Weight	Eye Color	Hair Color	Hair Style	Scars or Identifying Marks		

Other Relevant Medical Conditions in addition to the Autism/Alzheimer's (check all that apply)

No Sense of Danger	Blind	Deaf	Non-Verbal	Cognitive Impairment
Attracted to Water	Prone to Seizures	Other (If other, please explain)		

Prescription Medications Needed:

Sensory or Dietary Issues, if applicable:

Calming Methods and additional information First Responders may need:

EMERGENCY CONTACT INFORMATION:

Name of Emergency Contact:

Address of Emergency Contact:

Emergency Contacts Phone #s: Home	Cell	Work
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Name of Alternative Emergency Contact:



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Address of Alternative Emergency Contact:		
Alternative Emergency Phone #s: Home	Cell	Work

SUPPLEMENTAL INFORMATION ABOUT THE INDIVIDUAL WITH AUTISM, ALZHEIMERS OR DEMENTIA				
Nearby attractions, water sources, or other places the individual may be found:				
Atypical behavior or characteristics of the individual that may attract attention of Responders:				
Individual's favorite toys, objects, music, discussion topics, likes and dislikes:				
Method of preferred communications:				
(If nonverbal:	Sign Language	Picture Boards	Written Word	Other
Communication: What words, sounds, songs and phrases may they respond to?				
Identification Information (identification carried or worn, i.e. Jewelry, tags, cards, Medical Alert, etc.):				
Tracking Information: Does the individual have a Project Lifesaver or LoJack Safety Net Transmitter #?				
Anything else to help First Responders locate or return the individual to safety (I.e. Safe-Assured Program http://www.volunteerracine.org/programs/safe-assured/ ?)				
Please attach a copy of a photo that can be scanned into our records system: Photo Included Yes No				
Name and relationship of Care Giver providing this information:				

For more help, please contact the Racine County Aging & Disability Resource Center of Racine County at <http://www.adrc.racinecounty.com/> or 262-833-8777.