This information is being requested to help our first responders appropriately interact with persons with disabilities. All information on this questionnaire is OPTIONAL, please do not feel obligated to answer any question. The information provided will ONLY be used if our responders come into contact with the person listed below & will remain CONFIDENTIAL.

**Personal Information**

Name: Type here DOB: Type here

Race: Type here Sex: Type here Height: Type here

Weight: Type here Hair color: Type here Eye color: Type here



(Please attach recent photo)

Scars / birthmarks / tattoos / piercings: Type here

Home address: Type here

Home phone number: Type here

Cell phone number: Type here

Primary diagnosis: Type here

Does s/he have seizures: Choose an item.

Describe typical seizure activity: Type here

Level of functioning: Choose an item.

Other: Type here

Does s/he have any processing delays? Choose an item.

How do processing delays present themselves? Type here

Best way to help them process, if needed? Type here

Verbal or non-verbal: Choose an item.

If non-verbal, mode of communication: Type here

Does s/he carry any form of identification: Choose an item.

What form of identification? Type here

Has s/he ever wandered before? Choose an item.

If s/he has wandered or run away, was there anything that specifically lead to it happening? (ex. scared or angry). Type here

If s/he has wandered or run away, where was s/he located? Type here

Favorite place to hide when at home? Type here

Favorite place in the neighborhood or community (in general, not necessarily to hide)? Type here

Is s/he attracted to confined spaces? Choose an item.

Describe space that would attract them. Type here

Closest water to residence? Type here

Is s/he able to swim? Choose an item.

Does s/he have sensory issues? Choose an item.

Touch  Sounds Bright lights

Other Type here

Eye contact Choose an item.

Describe any self-stimulating or stimming behavior s/he utilizes. Type here

Fears Type here

Dislikes or triggers Type here

Please describe pre-meltdown signs Type here

Please describe meltdown behaviors Type here

Favorite object or topics Type here

Please describe calming techniques that work Type here

Please describe any objects or topics s/he will perseverate or fixate on.

Type here

Does s/he have any issues with drugs or alcohol? Type here

Has s/he ever been arrested or had any interactions with police or other emergency responders? Choose an item.

How does s/he react to police officers, firefighters, or other public safety personnel? Type here

If s/he were to become lost, it is possible that we will utilize trained dogs to locate them. How does s/he react to dogs? Has issues with certain types of dogs

Will s/he respond if their name is called? Choose an item.

How does s/he react to strangers? Type here

Does s/he have a history of physical aggression towards themselves, family members, school staff, or emergency personnel?

Yes – themselves  Yes – any family member

Yes – only specific family member(s)  Yes – school staff

Yes – emergency personnel  Yes – anyone present  No  Maybe

Unknown

Explain: Type here

Describe physical aggression previously witnessed. Type here

Are there weapons in the home? Choose an item.

Location of weapons, if applicable. Type here

Any additional information that may help promote a positive (or as positive as possible) interaction with police & other responders or information that you deem important.

Type here

**Emergency Contacts**

Contact #1

Name: Type here Relationship: Type here

Address: Type here

Home phone: Type here Cell phone: Type here

Email: Type here

Contact #2

Name: Type here Relationship: Type here

Address: Type here

Home phone: Type here Cell phone: Type here

Email: Type here

Contact #3

Name: Type here Relationship: Type here

Address: Type here

Home phone: Type here Cell phone: Type here

Email: Type here

Additional contacts & their information: Type here

Case Worker Information (if applicable)

Name: Type here Agency: Type here

Work phone: Type here Cell phone: Type here

Email: Type here

School Information (if applicable)

Name of school: Type here Grade: Type here

Address: Type here Office phone: Type here

Best person to contact: Type here

Relationship to student: Type here

Vehicle (if applicable)

Make: Type here Model: Type here Color: Type here

Plate: Type here Plate state: Type here Plate type: Type here

Other descriptions: Type here

I, Type your name here , hereby give permission for any first responder agency (including, but not limited to police, fire/rescue, 9-1-1 dispatch center, and search & rescue personnel) to retain and distribute the information contained in this form to other first responder personnel, for the sole purpose of identification and protection of the identified person above in an emergency or crisis situation.

While this information has primarily been obtained for use by the Maine Department of Public Safety (Augusta RCC, Bangor RCC, and Houlton RCC) and the responders for which we dispatch, we work cooperatively with other County and Local dispatch centers throughout the State. In an effort to promote positive interactions with persons with disabilities, we will share, as appropriate, this documentation with those centers. Please indicate if there will be any issues with this information sharing and if there are any dispatch centers that should NOT receive this information. Type here

Name (printed): Type here

Name (signature): Click or tap here to enter text.

(If filling out & sending electronically, put “approved electronically” in the signature field)

Date signed: Type here

Once this form has been completed, please send it to Angela Burnes at DPS Communications:

Address: 198 Maine Ave Bangor Maine 04401 Attn: Angie Burnes

Fax: 207-941-8531 Attn: Angie Burnes

Email: [angela.m.burnes@maine.gov](mailto:angela.m.burnes@maine.gov)