



ELYRIA POLICE AUTISM ALERT RESPONSE FORM

The EPD Autism Alert Response Form is a document designed to help Elyria Police Officers identify and understand the unique needs of individuals with autism spectrum disorder (ASD) during encounters. The form is also an invaluable tool when officers are searching for missing children with ASD, as it provides critical, pre-collected information that helps officers respond more effectively and proficiently.

The main goals of the form are to provide critical information rapidly, enhance officer awareness and sensitivity, improve safety during interactions, facilitate fast recovery during missing persons incidents, support effective communication, and build collaboration with caregivers and families. The form should be completed by parents, guardians, or caregivers.

To return the form, please call the Elyria Police Department at (440) 323-3302 and ask for an officer to pick it up, e-mail it to autism.response@cityofelyria.org, or drop it off at the Police Department at your convenience.

Last Name:		First Name:	
Address:			
Date of Birth:		Sex:	
Height:		Weight:	
Hair Color:		Eye Color:	
Unique Identifiers (birthmarks or scars):			
Diagnosis:			
Any co-existing diagnosis:			
Does he/she carry any special identification?		YES	NO

EMERGENCY CONTACTS

Contact Name:	Relationship:
Address:	
Phone Number:	Cell Phone Number:

Does he/she have any specific fears?

YES

NO

If so, what are they?

Please list any triggers that may upset him/her:

What helps calm him/her down? (music, stuffed animals, hearing protection, sunglasses, discussion topics)

Does he/she gravitate towards anywhere, anyone or anything in particular?

Dangerous location (body of water or railroad tracks):

Specific location:

Specific landmark:

Specific person:

Any other pertinent info:

PLEASE ATTACH ALL PHOTOS TO THIS PAGE
This includes any relevant photos that would help
relocate during an elopement encounter

RELEASE

I, _____ give my permission to the Elyria Police
Department to retain and distribute this information to first responders/law enforcement personnel for
the sole purpose of identification and assistance to the person at risk.

Print name: _____

Signature: _____

Date: _____