



## AUTISM ELOPEMENT ALERT FORM

Please use this form to provide information in case the person wanders away or becomes lost. All searches begin with an investigative component. During this time you will be asked dozens of questions to aid law enforcement and search teams to determine where and how to look. This information is critical to the success of the search. Completion of this form, before an incident, allows the searching to start sooner and aids in collecting more accurate information.

Name \_\_\_\_\_ Nickname \_\_\_\_\_

Address \_\_\_\_\_ Live Alone \_\_\_\_\_

DOB \_\_\_\_\_ Male/Female \_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Build \_\_\_\_\_ Hair Color \_\_\_\_\_

Eye Color \_\_\_\_\_ Identifying marks or scars \_\_\_\_\_ Swim \_\_\_\_\_

Unique gait or running style – e.g. toe walk, pigeon-toed \_\_\_\_\_

Who in the family is he closest to \_\_\_\_\_ Outside the family \_\_\_\_\_

Nicknames for anybody \_\_\_\_\_ Pets \_\_\_\_\_

Skills he may have learned \_\_\_\_\_

Other relevant medical conditions other than autism (check all that apply):

No sense of danger \_\_\_\_ Blind \_\_\_\_ Deaf \_\_\_\_ Non-verbal \_\_\_\_ Mental retardation \_\_\_\_

Prone to seizures \_\_\_\_ Cognitive impairment \_\_\_\_ Other \_\_\_\_\_

General level of functioning \_\_\_\_\_

Prescription medications needed \_\_\_\_\_

Sensory or dietary issues if any \_\_\_\_\_

Additional information First Responders might need \_\_\_\_\_

Verbal/non-verbal \_\_\_\_\_ Uses sign language \_\_\_\_\_ Other preferred methods of communication \_\_\_\_\_

Behaviors that might attract the attention of Responders \_\_\_\_\_

Behaviors that might trigger a catastrophic reaction \_\_\_\_\_

Characteristic response to stress \_\_\_\_\_

Response to injury or pain \_\_\_\_\_

Methods to de-escalate if upset \_\_\_\_\_

Response to being touched \_\_\_\_\_

Favorite toys, objects, music, discussion topics, likes or dislikes \_\_\_\_\_

\_\_\_\_\_

Attracted to any physical features – e.g. water, light, reflections, clocks, steeples, certain types of places, types of architecture, public transportation, trains, trucks, etc. \_\_\_\_\_

\_\_\_\_\_

Any physical features or areas that he is afraid of \_\_\_\_\_

Any structures he likes \_\_\_\_\_ dislikes \_\_\_\_\_

Any construction sites nearby or along the route of travel \_\_\_\_\_

Attracted to hazardous areas \_\_\_\_\_

Any fixations on television series, movies or characters \_\_\_\_\_ Recite any scripts \_\_\_\_\_

Reaction to any sudden changes in routine \_\_\_\_\_

Reaction to light \_\_\_\_\_, sirens \_\_\_\_\_, canines \_\_\_\_\_, uniforms \_\_\_\_\_, persons of authority \_\_\_\_\_, flashing red lights \_\_\_\_\_

Does he have a history of wandering or running \_\_\_\_\_ Where did he go \_\_\_\_\_

\_\_\_\_\_

If there is a history, what were past triggers \_\_\_\_\_ Where were the triggers found \_\_\_\_\_

Was he leaving a situation \_\_\_\_\_ or moving towards a target \_\_\_\_\_

Has he been evasive in the past \_\_\_\_\_

## CURRENT SITUATION – questions First Responders will ask

What is he wearing \_\_\_\_\_

Shoes \_\_\_\_\_ Tread pattern \_\_\_\_\_

Wearing any marked clothing \_\_\_\_\_, alert jewelry \_\_\_\_\_,  
sewn in labels \_\_\_\_\_

Carries identification information \_\_\_\_\_

Any tracking devices – e.g. GPS, RF, RFID, Project Lifesaver \_\_\_\_\_

Tracking information for the device \_\_\_\_\_

Cell phone \_\_\_\_ Number \_\_\_\_\_ Provider \_\_\_\_\_ Tracking app \_\_\_\_\_

Ability and extent he is able to use money \_\_\_\_\_

Where did he leave from \_\_\_\_\_ Direction of travel \_\_\_\_\_

When did he leave – day \_\_\_\_\_ Time \_\_\_\_\_

Was he leaving a situation \_\_\_\_\_ or moving towards a target \_\_\_\_\_

Do you think he may be evasive \_\_\_\_\_

Will he respond to his name \_\_\_\_\_ Other signals \_\_\_\_\_

What information are caregivers willing to release to the public \_\_\_\_\_

\_\_\_\_\_

Additional information First Responders might need \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_