



# SPECIAL NEEDS SAFETY ALERT FORM



Please download this form & complete the information below.  
Once completed, please email the form to: [frank.stewart@meigssheriff.org](mailto:frank.stewart@meigssheriff.org)

Name: \_\_\_\_\_

D.O.B.: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_ Sex: \_\_\_\_

Nickname: \_\_\_\_\_

Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

Scars/ Identifying Marks: \_\_\_\_\_

Address Line 1: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Type of condition:  Alzheimer's /  Dementia /  Autism /  Other \_\_\_\_\_

### Please check all that apply:

★ **Communication**

- Verbal
- Non-verbal
- ASL
- Can write
- Will repeat questions
- Can answer yes/no questions
- Can read

★ **Calming Methods**

- Calm/quiet voice
- Noise canceling headphones
- Time alone
- Food/candy
- Soft items
- Other: \_\_\_\_\_

★ **Sensitive to**

- Noise
- Light
- Touch
- Crowds
- Other: \_\_\_\_\_

★ **Atypical Behaviors**

- Speaks loudly
- Self-injury
- Will run if chased
- Vocal stimming
- High pitched noise
- Little/no sense of danger
- Sensory seeking
- Other: \_\_\_\_\_

★ **Avoidance/Dislikes**

- Eye contact
- Being wet
- Being dirty
- Strangers
- Men
- Women
- Other: \_\_\_\_\_

★ **Medical**

- Hearing impaired
- Vision impaired
- seizures
- tics
- high pain tolerance
- Other: \_\_\_\_\_

Additional Notes/Special Instructions: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_