CITY OF GREAT FALLS

Great Falls Police Department

112 1st Street South
Great Falls, MT 59401
Phone: (406) 771-1180
Fax: (406) 453-8141

Thursday, May 08, 2014

Parents of Special Children and Adults

Capt. John Schaffer
Great Falls Police Department
112 1st Street South
PO Box 5021
Great Falls, MT 59403

Dear Parents,

As a fellow parent of a child with special needs we all have concerns about how our loved one will function in a real world setting. The Great Falls Public Schools does a great job of teaching our children the life skills needed to live as independently and as integrated as possible.

As a police officer, we come in contact with persons with special needs all the time. People with autism, like my daughter, are 7 times more likely to have contact with law enforcement. Police officers receive ongoing training on how to interact with people with special needs in order to increase the likelihood of a positive outcome, but we need your help.

You are the best source of information when it comes to your child or loved one. You know their likes and dislikes, their triggers or sensory issues, as well as de-escalation techniques. These are the things that we would like to know, should we come in contact with your family member.

Attached you will find a form that we would like you to fill out. It is completely voluntary. The information on this form, including the photo, will be submitted to the GFPD database. When a police officer has contact with the person listed on the form, our 911 Center can provide us with the information needed to successfully interact and communicate with your loved one, as well as your contact information. The information will be kept confidential.

Thank you for your interest in this program. If you have any questions please feel free to contact me at the Great Falls Police Department. My phone number is 771-1180, ext 412.

Sincerely,

John Schaffer
Great Falls Police Department

Person-Specific Handout Checklist for 911 Systems, First Responders, and Emergency Room Staff

(Adapted from Autism, Advocates, and Law Enforcement Professionals, Dennis Debbaut, 2003)

Name of Individual:_____

Responds to (Goes by or Nickname):_____

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PHYSICAL DESCRIPTION:

Current Photo

Disability: _____

_____

Height:_____

Weight:_____

Eye Color:_____

Hair Color:_____

Age/Dob:_____

Scars or Other Identifying Marks:_____

_____

****

CONTACT PERSONS/PARENTS:

Names:_____

Relationship: ☐ Parent ☐ Grandparent ☐ Sibling ☐ Other:

_____

Home Address: _____

Phone Numbers: _____Home _____Work

_____Cell _____Pager

OR

Names:_____

Relationship: ☐ Parent ☐ Grandparent ☐ Sibling ☐ Other:

_____

Home Address: _____

Phone Numbers: _____Home _____Work

_____Cell _____Pager

OR

Names:_____

Relationship: ☐ Parent ☐ Grandparent ☐ Sibling ☐ Other:

_____

Home Address: _____

Phone Numbers: _____Home _____Work

_____Cell _____Pager

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METHODS OF COMMUNICATION:

☐ Talks in Simple Sentences ☐ Nonverbal ☐ Sign Language ☐ Gestures ☐ Picture Boards

Other Information: _____

_____

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SENSORY, MEDICAL, OR DIETARY ISSUES, IF ANY:

Medical Issues (such as seizures, etc.): _____

_____

Sensory Issues:_____

_____

Dietary Requirements:_____

_____

Behavior Issues:_____

_____

****

FAVORITE ATTRACTIONS AND LOCATIONS:

Places or characteristics the individual may go to or be attracted to:

_____

_____

****

LIKES AND DISLIKES – Approaches and de-escalation techniques:

Likes:_____

_____

Dislikes:_____

_____

Calming or De-Escalation Techniques that Work:_____

_____

_____

****

I.D. WEARER? ☐ Yes ☐ No

Type (tags in clothing, card carrier, medic alert bracelet, jewelry, etc.):_____

_____

****

MAP OR ADDRESS GUIDE to Family Home (what are the nearby landmarks or buildings, water sources, dangerous locations, etc.):

_____

_____

_____

_____

****

BLUEPRINT OR DRAWING OF THE HOME (house layout, location of individual's bedroom – use additional paper or back of this form):

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We (I) _____ give permission to have this information included on the 911 database to be used and shared with the proper authorities if and when the need arises to assist in locating /helping this child or adult with special needs in the case of an emergency.

Signed and filled out by _____

Relationship to the person listed above_____