



# Mendham Borough Police

3 Cold Hill Road S.  
Mendham, NJ 07945



Dispatch: 973-543-2527

Fax: 973-543-9774

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## *Autism/Vulnerable Persons Registry Questionnaire*

### Individual's Information

- ❖ Name of the registered person:

\_\_\_\_\_

- ❖ What is the address where the registered person spends the majority of their time:

\_\_\_\_\_

\_\_\_\_\_

- ❖ Does the registered person go by a nickname? If so, what?

\_\_\_\_\_

- ❖ Date of birth:

\_\_\_\_\_

- ❖ **Emergency Contact #1**

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

- Address: \_\_\_\_\_

○ Contact number(s):

• Cell: \_\_\_\_\_

• Home/Work: \_\_\_\_\_

❖ **Emergency Contact #2**

○ Name: \_\_\_\_\_

○ Address: \_\_\_\_\_

○ Contact number(s):

• Cell: \_\_\_\_\_

• Home/Work: \_\_\_\_\_

**Medical Conditions**

❖ Diagnosis of the registered person:

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

**Physical Description**

❖ Height: \_\_\_\_\_

❖ Weight: \_\_\_\_\_

- ❖ Hair Color: \_\_\_\_\_
- ❖ Eye Color: \_\_\_\_\_
- ❖ Race: \_\_\_\_\_
- ❖ Gender: \_\_\_\_\_
- ❖ Glasses (Yes or No): \_\_\_\_\_
- ❖ Scars or Identifying Marks? \_\_\_\_\_
- ❖ Identification worn, if any (e.g., medical alert, clothing tags, ID card, GPS, etc.): \_\_\_\_\_

### Behavior Traits

- ❖ Is the registered person verbal or non-verbal? If non-verbal, explain in detail (e.g., sign language, pictures, written, electronic/tablet, etc.):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- ❖ Does the registered person respond to verbal commands?

\_\_\_\_\_

- ❖ Does the registered person respond to their name?

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❖ Does the registered person exhibit repetitive behavior (e.g., echolalia)?

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❖ Does the registered person make eye contact?

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❖ Does the registered person have delayed speech?

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❖ Does the registered person display an impaired sense of danger?

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❖ Triggers or aversions including sensory (e.g., lights and/or sirens), medical, or dietary issues and requirements, if any:

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❖ Likes & dislikes (e.g., toys or conversation topics):

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❖ Does the registered person fear Police or Fire-EMS personnel or emergency vehicles? \_\_\_\_\_

❖ If the registered person becomes confrontational, how could officers or emergency personnel calm them *without* your presence (include known de-escalation techniques)?

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❖ Has the registered person ever run away, wandered, or been reported missing? If so, where were they found?

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❖ Is there a special interest (outside the residence) that the registered person is drawn to (e.g., water, parks, favorite store, friend's house, etc.)?

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❖ Is the registered person in any way at risk if there is a disaster and/or power outage (e.g., oxygen-dependent patient)? If so, please explain in detail:

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❖ Does the registered person have a hidden key, lockbox, or garage code? If so, please provide information below:

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❖ If you would like to add a medical/primary care provider to this application, please provide contact information below:

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