

## AUTISM REGISTRY

The purpose of this voluntary registry is to provide law enforcement officers with information about a person with autism or a related disorder, which is readily accessible in the event that your child wonders away from their home and/or goes missing; and to help our officers interact with your child during such encounters.

Filing this form is voluntary. The information contained within will be kept confidential and accessible only by the West York Borough Police Department and in the event your child goes missing. See privacy details below.

To register, your child must be a resident of West York Borough and diagnosed with one of the following: 1) Autism Disorder, 2) Asperger's Syndrome, 3) Pervasive Development Disorder (PDD-NOS), 4) Rett's Disorder or 5) Childhood Disintegrative Disorder (CDD).

Last Name	Suffix	First Name	Middle Name
Also known as (nicknames)			
Street Address		Apartment	
Place of Birth (Hospital / Cit	y)		
Date of Birth	Social Sec	curity Number	
Sex: Male Female	Hispanic/Latino:	Yes No	
Race: White / Caucasion	Black / African A	merican Asian	Pacific Islander
Native American	Other:		
Primary Language Spoken at	Home: English	Spanish Other:	
Height Weight	Eye Color	Hair Color	Skin Tone

Scars, Marks, Tattoos, Eye Glasses, Other Characteristics:

Primary Diagnosis:	Autism	Asperger's	Pervasive Develo	opment Diso	rder
	Rett's Dise	order Chile	dhood Disintegrativ	e Disorder	
Additional Diagnosis	: ADHD/AI	DD Depres	sion Mood / Bi	polar Scl	nizophrenia
	Anxiety	Seizure / Ep	ilepsy Other:		
Primary Physician / P	ediatrician		Pho	ne Number	
Medication					
Verbal Ability: N	onverbal (no la	inguage at all)	Limited Ve	rbal Skills	Sign Language
Ve	erbal skills app	ropriate for de	evelopmental age		
List any type of intera if an officer were to b	action approacl ring it up in a	h, topic, song, conversation:	toy or character that	ıt your child	would feel at ease with,
List any other recom	nendations for	interacting wi	th your child:		
List any of your child	's favorite plac	ces to go, with	in walking distance	::	

## MOTHER / OR LEGAL GUARDIAN:

Address Same as Child's

	Apartment	ţ					
State	County	Zip-code					
		Cell	Home				
		_ Cell	Home	Other			
		_@					
S	Phone Number						
ARDIAN:							
Suffix	First Name	9		Middle Name			
Apartment							
State	County		Zip-code				
		Cell	Home				
		_ Cell	Home	Other			
		_@					
	Phone Number						
IERGENCY CON	TACTS:						
				N 1			
	Relationship		Phone	e Number			
		State County	State County	State     County     Zip-c         Cell     Home        Cell     Home       @			

## PRIVACY DETAILS:

Information obtained within this form is for the purpose of locating an endangered child, safely.

The information will be stored within the West York Borough Police Department and only accessible by sworn law enforcement officers employed by the Borough of West York. Personal information will never

be shared with persons other than law enforcement officers, search parties and medical personnel <u>AND</u> <u>ONLY</u> in the event that your child goes missing.

Information provided to civilian search parties will only include child's name, description and means of communicating / interacting.

After your child is located, this information will be secured within the West York Borough Police Dept.

## SIGNATURE:

I understand that I am voluntarily providing this information to the West York Borough Police Department and that this information may be used in the event that the child listed on this form goes missing. This information may be provided to law enforcement officers and limited information may be provide to search and rescue individuals, who may be civilian, for the sole purpose of locating my child. In the event that the child is located and in need of medical attention, this information may be provided to medical staff.

Full Name

Signature

Date

Please include a recent photograph of your child and provide this form and photograph to the West York Borough Police Department at 1381 W. Poplar St.; York, PA 17404.

If you have any questions, you may e-mail dkahley@wybpd.org.