



Middleton Autism and Special Needs Registry

The Middleton Autism & Special Needs registry is a voluntary registry setup to collect information about community members with special needs in order to expedite help if Middleton first responders are called to assist with a crisis.

It's been found that having prior knowledge will create a quicker and safer response. First responders who are aware of special needs can respectfully and appropriately interact with the individual when they are in contact with them.

The goal is to increase mutual awareness, understanding and communication between first responders and the special needs community members of Middleton.

Information provided will only be accessed by Middleton police personnel used in emergency situations to expedite help for your loved one.

Registrant's Information

Registrant's Name

First Name

Middle Name

Last Name

Nick Name

____/____/____

Date of Birth

Phone number _____

Home Address

Street address

City, State ZIP code

Does the registrant live alone? Yes No

Physical Description

_____	_____	_____
<i>Height</i>	<i>Weight</i>	<i>Sex</i>
_____	_____	
<i>Eye color</i>	<i>Hair color</i>	

Special Needs Information

What is the registrant's primary diagnosis or disability?

Is the registrant enrolled in a GPS monitoring program such as Care Trak or Angel Sense?

What language does the registrant speak or understand?

Method of communication (verbal, non-verbal, sign language, written, assistive speaking device, etc)

Does the registrant wander? Yes No

Does the registrant gravitate towards water? Yes No

What are some areas of interest? (parks, playgrounds, pools, etc.)

What are some favorite toys, objects, discussion topics?

Are there any triggers which affect the registrant (loud noises, bright lights, etc)

Are there any calming or de-escalation methods used for registrant?

Vehicle Information

Does the registrant drive? Yes No
Does the registrant own a vehicle? Yes No

What is the license plate of the vehicle the registrant would drive? _____

What is the description of the vehicle the registrant would drive? _____

Caregiver Contact Information

Primary contact name

Full name

Phone number _____

Home Address

Street address

City, State ZIP code

Secondary contact name

Full name

Phone number _____

Home Address

Street address

City, State ZIP code

Confidentiality Understanding

Please review the following before submitting this form:

Responding to this form is strictly voluntary. The information on this form will be added to the Middleton Police Department's record management system, which is accessed only by police department personnel. Information contained will only be used by first responders in order to better care for you or your family members.

Middleton respects your right to confidentiality and does not collect or maintain information about you that is not essential for your safety and well-being. By completing this Autism and Special Needs Registry form, you acknowledge that the information provided here in is accurate and was submitted voluntarily for the sole purpose of assisting Police, Fire and Emergency Response Departments in more effectively responding to a potential emergency. Therefore, you authorize the use of this information for those purposes.

Name of person completing this form

Full Name

Date

Signature

Please return this form to the Middleton Police Department **along with a current photograph** of the person being registered.

Mail or deliver in person to the police station:

Middleton Autism & Special Needs Registry
7341 Donna Dr
Middleton, WI 53562

Email the form and photograph to nstroik@CityofMiddleton.us

Complete the form online at

<https://www.cityofmiddleton.us/639/Middleton-Autism-Special-Needs-Registry>

Fax a completed form to **(608) 833-9990**

