

IMPORTANT INFORMATION FOR FEAT PARENTS:

To ensure safety and lower risk of wandering for a child or adult with autism, FEAT strongly advises parents and care providers to be proactive and prepared. Attached is **FEAT's Child Safely Home** form, a comprehensive **informational handout** that includes space for recent photographs, description, and characteristic details that may help emergency personnel to locate your child. There is also a page for detailed medical information to aid Emergency Health Care Responders.

1. Complete the **FEAT Child Safely Home** form. Make copies and carry with you at all times—at home, in your car, purse or wallet. The form will also come in handy if you are in an area other than your neighborhood and are approached by the police.
2. Circulate the form among family members, trusted neighbors, friends and co-workers.
3. Plan a brief visit to your neighbors and introduce your child or adult. Give your neighbor a simple handout with your name, address, and phone number, as well as your child's name and picture. Ask them to call you immediately if they see your son or daughter outside your yard. This approach lets your neighbors know the reason for unusual behaviors and that you are approachable. It encourages them to call you before they call 911. Knowing your neighbors can also lead to better social interactions for your loved ones with autism. Tell them about your child. Does your child have a fear of cars and animals or is he drawn to them? Is your child a wanderer or runner? Does she respond to her name or would a stranger think she is deaf? Let your neighbor know the best way to engage your child if they spot him or her outside of your yard. Are there sensory issues your neighbors should know about? What is the best way for neighbors to get your child back to you?
4. The following is a list of local police departments and programs they offer:

Alpine County

Sheriff John M. Crawford
Markleeville, CA 96120
530/694-2231

Pick up fingerprint and DNA kits at Sheriff's office to keep at home for emergencies

Nevada County

Chief John Foster
1295 Auburn Street
Auburn, CA 95945
530/265-2626

Contact Joan Nio. She will take prints and DNA samples to be kept at Police Department and Home. Change photo at beginning of each school year.

Truckee Police Department

Chief Scott Berry
10183 Truckee Airport Rd
Truckee, CA 96161
530/550-2328

Fingerprinting by appointment.

Placer County-Rocklin Police Department

4080 Rocklin Rd.
Rocklin, CA 95677
916/625-5400

Bring recent photograph and complete form.

Placer County-Roseville Police Department

1051 Junction Blvd.
Roseville, CA 95678
916/774-5000

Project Life Saver—Come to station to receive wristband containing a tracking device to be worn by client.

Sacramento County-Citrus Heights Police Department

6315 Fountain Square Drive
Citrus Heights, CA 95621
916/727-5500

Finger print kit available for parents to pick up.

Elk Grove Police Department

8400 Laguna Palms Way
Elk Grove, CA 95757
916/478-8000

Return Home—Program details available at elkgrovepd.org/missing-person.

Take recent photograph to station and fill out form.

Folsom Police Department

46 Natomas Street
Folsom, CA 95630
916/355-7230

Bring recent photograph to station and fill out form.

Sierra County-Sheriff's Office

100 Court House Square
530/289-3700

Come to office and pick up DNA/Fingerprint kit.



FEAT Home Safely Emergency Contacts

Father's Emergency Information
Father's First/Last Name:
Home Phone:
Work Phone:
Cell Phone:

Mother's Emergency Information
Mother's First/Last Name:
Home Phone:
Work Phone:
Cell Phone:

Other Emergency Contact
First/Last Name:
Home Phone:
Work Phone:
Cell Phone:
Relationship:

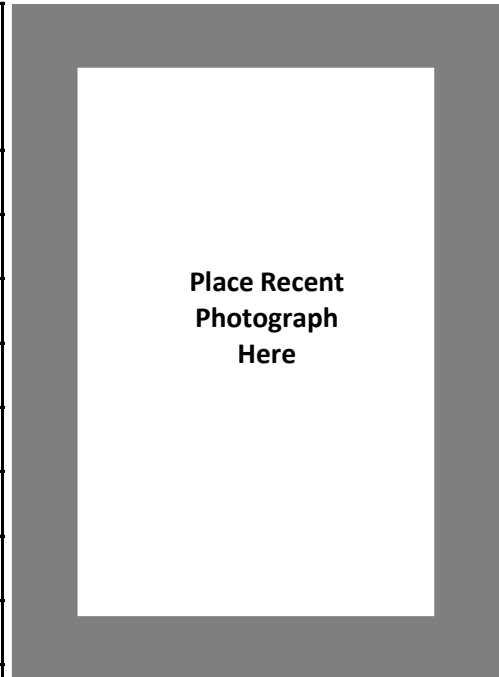
Other Emergency Contact
First/Last Name:
Home Phone:
Work Phone:
Cell Phone:
Relationship:

Other Emergency Contact
First/Last Name:
Home Phone:
Work Phone:
Cell Phone:
Relationship:



FEAT Home Safety Information

Given Name:		
Nick Name:		
Date of Birth:		
Sex:	Eye Color:	Hair Color/Texture:
Height:	Weight:	Race:
Street Address		
City/State/Zip		
Cross Streets		
Mother's First/Last Name:		
Home Phone: ()		Cell Phone: ()
Father's First/Last Name:		
Home Phone: ()		Cell Phone: ()
GPS Device:		
Unusual behavior that would attract attention: Walking gait, repetitive behaviors, etc.		
Distinguishing Characteristics: Glasses, contacts, birthmarks, scars, tattoos, beard, etc.		
Personal Identification: ID tags, jewelry, watches, California ID, backpack, clothing labels, etc.		
Spoken Language: English, Spanish, Sign Language		
Spoken Language Skills: <i>Few words? Like a first grader? Sixth grader? Teenager?</i>		
Understanding receptive (listening) speech: <i>Few words? Like a first grader? Sixth grader? Teenager?</i>		
Reading Language Skills: <i>Few words? Like a first grader? Sixth grader? Teenager?</i>		
How old does person act mentally?		
Does individual use visual communication device/board with picture icons?		
Autism function: Low; Moderate; High?		
Words person might respond to: "Come here, John."		



Place Recent
Photograph
Here

FIRST SEARCH

Who to contact while waiting for police:
Family, Friends, Tutors, Therapists.

First/Last Name: _____

Home Phone: _____

Cell Phone: _____

Relationship: _____

First/Last Name: _____

Home Phone: _____

Cell Phone: _____

Relationship: _____

First/Last Name: _____

Home Phone: _____

Cell Phone: _____

Relationship: _____

Date this form completed: _____

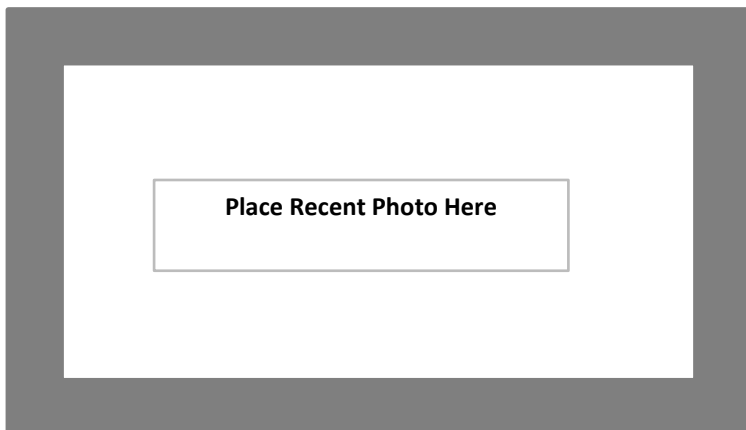
Date this form completed: _____

Date this form completed: _____



FEAT Missing Person Information

Given Name:	
Nick Name:	
Person was last seen wearing:	
Shoes:	Hat:
Shirt:	Pants/Shorts
Coat/Jacket:	Sweater:
Skirt:	Dress:
Jewelry:	Watch:
What time was person last seen?	
Where was person last seen?	
What was the mood of the person when last seen?	
Who was home or near when person was last seen?	
What time was person discovered missing?	
Who discovered that the person was missing?	
Have local bathtubs, ponds, pools, water basins been checked?	
Is person motivated to find water fountains, creeks, lakes?	
Is person water safe in a swimming pool for 15 minutes?	
Places where child has been found previously?	
Street names/directions to locations person may go first:	
Is person fearful of uniformed police or firefighters?	



Date this form completed: _____

Health Care Responder

Given Name:	Nick Name:
Date of Birth:	Age:
Height: Weight:	Sex:
Disorders/Medical Conditions:	Disorders/Medical Conditions
Allergies to Foods:	Allergies to Medications:
Intolerance to Foods:	Intolerance to Medications:
Restricted Diet:	Restricted Diet:
Medications Used and Dosage	Prescribed by:
When medications are given by known person:	When medications are given by health care provider?
Will person swallow a pill?	Will person swallow a pill?
Will person take liquid medication from a cup?	Will person take liquid medication from a cup?
Will person take liquid medication from a syringe?	Will person take liquid medication from a syringe?
Preferred method of administration? Pill, liquid, syringe?	Preferred method of administration? Pill, liquid, syringe?
Will person take medicine if promised a prize/reinforcer?	Will person take medicine if promised a prize/reinforcer?
Additional intervention instructions:	Additional Intervention Instructions:
Will person tolerate an IV?	Can person receive vaccinations?
Hospital of preference if time allows?	Health Care Plan
***** Attach copy of Medical Card to this form*****	ID Numbers:
Guardian Name: Home Phone:	Cell Phone: Work Phone:
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Date this form completed: _____

