



Person With Disability Emergency Information Instructions

Attached to this cover sheet is the Person With Disability Emergency Information form. Below please find instructions for completing this form, as well as answers to commonly asked questions.

INSTRUCTIONS:

1. The form must be completed in its entirety by a parent, guardian or person with power of attorney.
2. **Two** recent photos should be attached to the form. (The photo can be of any size, but must show a clear view of the persons face.)
3. This form must be turned in by a parent, guardian or person with power of attorney to the Champaign Police Department or Urbana Police Department's front desk.
4. Any questions please contact either of the following individuals:

BJ Meyers
Champaign Police Department
Front Desk Supervisor
(217) 403-7011
bj.meyers@champaignil.gov

Cheryl Smith
Urbana Police Department
Services Division
(217) 384-2320
smithch@urbanaininois.us

FREQUENTLY ASKED QUESTIONS:

1. **How did this system come about?** *The Autism Society of Illinois-The C-U Autism Network collaborated with the Cities of Urbana and Champaign. The purpose was to create a method to provide critical information to emergency responders in the event of a crisis.*
2. **Why is this important?** *A first responder may come into contact with individuals with disabilities on an emergency call or even calls for missing persons. The first responder will now have access to critical information about the individual that will help deescalate the situation. Also, a photo will be quickly accessible for those who are missing.*
3. **Is this information confidential?** *Yes, all files will be kept in a secure area at both police departments and will not be accessible to the public. The information will only be accessed in an emergency situation and will not be used for any other purpose.*
4. **Do I have to update this information?** *Yes, preferably every year. However, if the agencies are not contacted by the end of the second year, the information will be purged by both agencies.*
5. **What if I decide that I no longer want to have this information on file?** *Simply contact Jonathan or Cory and request that this information be deleted. Jonathan and Cory will need to meet with you in person to verify that the person who signed the form is the same person who is requesting that the information be deleted.*



PERSON WITH DISABILITY-EMERGENCY INFORMATION

Please print legibly and attach two current photos

Name: _____
Last First Middle

Nickname: _____ Date of Birth: ____/____/____

Address: _____

City: _____ State: ____ Zip Code: _____ Tel: (____) _____

School/Employer: _____

Address: _____

City: _____ State: ____ Zip Code: _____ Tel: (____) _____

Primary Disability: _____

DESCRIPTION

Race: _____ Sex: m f Height: _____ ft _____ in Weight: _____ lbs

Hair: _____ Eyes: _____

Special Identifiers (scars/ marks/ tattoos/piercing): _____

EMERGENCY CONTACT INFORMATION

Parent/Guardian(s): _____

Address: _____ City: _____ State: ____ Zip Code: _____

Home Tel: (____) _____ Cell/Work Tel: (____) _____

ADDITIONAL EMERGENCY CONTACT INFORMATION

Emergency Contact: _____

Address: _____ City: _____ State: ____ Zip Code: _____

Home Tel: (____) _____ Cell/Work Tel: (____) _____



PERSON WITH DISABILITY-EMERGENCY INFORMATION

Method of Communication: _____

Atypical Behavior or Characteristics that might attract attention: _____

Sensory, Medical, Dietary Issues: _____

Approach and De-Escalation Techniques: _____

Favorite Objects or Discussion Topics: _____

I, _____, parent/guardian of above-named individual, give the Champaign and the Urbana Police Departments permission to keep this photo and information regarding my son/daughter for emergency purposes only. I understand that my child's name will be entered into the ARMS system with an alert added to their name. I understand that my child's name will be entered into a premise file in Tiburon – CAD Database. I understand that the information contained herein is for the CPD and UPD's internal information ONLY and cannot be accessed by others. I understand that it is my responsibility to annually update the above information and provide it to either the Champaign or Urbana Police Departments.

(Parent/Guardian Signature)

_____/_____/_____
(Date)