

Wichita PD Cares: Autism Outreach Program with Heartspring



The Wichita Police Department's Autism Outreach Program with Heartspring will allow our officers to better serve those in our community who live with Autism. Through this program, we hope to maintain a database of Autistic persons we may interact with in hopes of improving our response. The form below is to be filled out with information about the person with Autism. By clicking "submit," this form will be sent directly to the Wichita Police Department's Central Records Section to input information into our database. Your information will be maintained in accordance with Kansas Public Records law. As such, any information that is confidential or exempt will not be released to the public. This process will allow officers who respond to an incident involving a person with Autism to appropriately prepare for and handle the situation. The goal through the Wichita PD Autism Outreach Program is to improve the interactions for all parties involved.

First Name*

Last Name*

Preferred Name or Nickname

Date of Birth (MM/DD/YYYY)*

Does the individual live alone?*

Address1*

Address 2

Individual's Gender

Height

Weight

Race

Hair Color

Eye Color

Scar, Marks and/or Tattoos

Other Relevant Medical Conditions in Addition to Autism (check all that apply)

- No sense of danger
- Blind
- Deaf
- Non-Verbal
- Intellectual Disability
- Prone to Seizures
- Cognitive Impairment
- Other

If other, please explain:

Prescription Medication Needed

Sensory or Dietary Issues, If Any

Name of Emergency Contact (Parents/Guardians, Head of Household/Care Providers)*

Emergency Contact's Address

Emergency Contact's Cell #

Emergency Contact's Home #

Emergency Contact's Work #

Emergency Contact's Email Address

Name of Alternative Emergency Contact

Alternative Emergency Contact Address

Alternative Contact Cell #

Alternative Contact Secondary #

Alternative Contact Email

Favorite places where the individual may be found

Individual's likes and dislikes, music, discussion topics, objects, toys, etc.

Individual's preferred method of communication (if non-verbal: sign language, written word, picture board, etc.)

Preferred method of communication II (If verbal: preferred words, sound, songs, phrases they may respond to)

Identification Information- Does the person carry/wear jewelry tags, ID card, medical alert bracelets, etc.?

Tracking Information- Does the person have a Project Lifesaver or LoJack SafetyNet Transmitter #?

Atypical characteristics or behaviors that may attract the attention of first responders?

Any additional information that may be beneficial for first responders to know

Upload a photo of the person (if possible)

 No file chosen
Maximum size allowed: 5 MB