

FOREST PARK POLICE DEPARTMENT

R.S.A.F.E.

Registration for Special Needs and First Responder Engagements

The number of individuals living with special needs in our community has serious implications for all social institutions, but none more critical than for law enforcement and first responders. The nature and diversity of special needs individuals create unique scenarios that first responders must be prepared to address during calls for service. Addressing these needs includes department-wide mandatory training in the areas of (ASD) Autism spectrum disorder, Alzheimer's disease, (CIT) crisis intervention training, and mental health awareness and interaction. In addition to first responder training, the police department is implementing a voluntary registry system for families, caregivers, and individuals taking care of those with special needs. This program is designed to provide first responders with information about our most vulnerable community members so we are better equipped when responding to calls involving special needs individuals. The information includes; name, address, physical descriptions, care-giver contact information, medications/medical condition, client communication methods such as, fears, triggers, and suggested de-escalation techniques, and a photo if available. The information is uploaded to the police department's confidential RMS (Records Management System) and will provide timely and necessary information for first responders when dealing with a member of our special needs community. The information provided is confidential and is not shared or released without consent.

We encourage parents and caregivers who serve our seniors, special needs individuals, or other vulnerable citizens of our community to register so first responders can be better prepared to assist in a moment of crisis.

This may be dropped off at the Forest Park Police Department located at 1203 West Kemper Road.

For further information about the R.S.A.F.E. program, please contact Officer Rebecca Davis at 513-595-5220 or at rdavis@forestpark.org

FOREST PARK POLICE DEPARTMENT

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Questionnaire for Individuals with Special Needs

1. Your name: _____
2. Your phone number: _____
3. Your email: _____
4. Name of the individual you are registering for the program:

5. What is the address where the individual spends the majority of time?

6. Does the individual go by a nickname? If so, what?

7. Date of birth and age of the individual: _____
8. Diagnosis of the individual: _____

9. List all pertinent names and phone numbers officers may need when dealing with the individual:

FOREST PARK POLICE DEPARTMENT

10. Physical description of individual:

- a. Height: _____
- b. Weight: _____
- c. Hair color: _____
- d. Eye color: _____
- e. Race: _____
- f. Gender: _____
- g. Glasses: Yes No

11. Is there a special interest (outside of residence) that the individual is drawn to?
(For example: trains, water, woods, parks, malls, traffic, etc.)

12. Has the individual ever ran away or been reported as missing? If so, where was he/she found? _____

13. Is the registered person verbal or non-verbal? Explain in detail.

14. Does the individual fear Police or Fire/EMS personnel or emergency vehicles?
Explain in detail. _____

15. Name of care givers, parents, grandparents or other family members involved in the individual's life. _____

FOREST PARK POLICE DEPARTMENT

16. If the individual becomes confrontational, how could Officers or Rescue Personnel calm them without your presence? _____

17. Are you willing to allow the Forest Park Police Department to place your address and the information of the individual needs into the system to insure that officers are better prepared to handle the situation? _____

18. Please explain in detail any other important information that we may need to know that might assist us in not triggering a violent response: _____

19. Does the individual have any triggers? (For example: lights, sirens, loud noises, etc.)

20. Does the individual use any "fidget" or self-calming technique? If yes, please describe. _____

(attach photo and/or additional information as needed)

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Release and Waiver

I, _____, give permission to the Forest Park Police Department to release this and any pertinent information related to the care or well-being of _____ to the Hamilton County Communications Center. This information may be released to other police agencies, fire departments, or Emergency Medical Personnel by the communications center for emergency purposes only.

Signature _____ **Date** _____