



Appleton Police Department Project Safe Response Packet

Participant's Name _____

Address _____

Date of Birth _____

Preferred Name _____

Number of people in the home _____

Involved with county Human Services? Y ___ N ___

Physical Description:

Male ___ Female ___ Other _____

Height ___ Weight ___ Hair Color ___ Eye Color ___

Scars/marks/tattoos or other identifying marks _____

Glasses: Y ___ N ___ Left-handed ___ Right-handed ___

English Speaking: Y ___ N ___

If not, what language? _____

Vehicle individual has access to or may operate: Make _____ Model _____

Color _____ License plate _____

Emergency Contact Information

Name _____

Relationship _____

Address _____

Phone numbers: Cell _____ Home _____ Work _____

Alternative contact name _____

Relationship _____

Address _____

Phone numbers: Cell _____ Home _____ Work _____

Medical Information

Official Diagnosis (dementia, autism, other) _____

Conditions related to diagnosis:

___ Non-verbal ___ Difficulty understanding language ___ Combative ___ Need to pace

___ Difficulty with balance

Other relevant medical conditions:

___ Visually impaired ___ Blind ___ Hearing impaired ___ Deaf ___ Diabetic

___ Prone to seizures ___ On needed medications

Explain above if needed or describe other _____

Prescription medication information _____

Additional information for first responders _____

Area hospital of choice _____

Individual's Historical and Other Important Information:

Previous places of employment _____

Title held in career _____

Previous addresses lived _____

Current/Previous schools attended _____

Locations individual likes to visit _____

Behaviors or characteristics of individual that may draw attention _____

Individual's favorite objects, music, topics of conversation, hobbies _____

Things that are upsetting to individual _____

Method of preferred communication if non-verbal (sign language, written word, etc.) _____

Any phrases or topics that get a positive response from individual _____

Suggested de-escalation methods _____

Does the individual wear any identifying jewelry or cards? _____

If so, what? _____

Does the individual have any tracking devices? _____

If so, what? _____

Are you familiar with local ADRC? _____

Please attach recent photo.

Please contact the Appleton Police Department with any updates to information on this form or significant changes in behavior at 920-832-5500