



- Step 1: SAVE application to your desktop or documents folder. Go to file save as or right click on application in the web page and save as.
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- Step 3: Fill out application. DO NOT FILL OUT ON THE WEB PAGE. Follow step 1 & 2.
- Step 4: Save file.
- Step 5: Go back to web page and fill in your first name, last name, email, phone.
- Step 6: Upload application. Click on Select File. Find saved application from your desktop or documents folder. Click on it and hit Open.
- Step 7: Click Submit. You will receive an email letting you know it was submitted.

Personal Information

The information below is for the person with autism only. If you are the guardian, do not put your personal information.

Today's Date: _____

Form Type: New Renewal Update

Last: _____ First: _____ MI: _____ Suffix: _____ (JR,SR,I,II)

Primary Address: _____ City: _____ State: _____ Zip: _____

Primary Phone: _____ Secondary Phone: _____

Secondary Address: _____ City: _____ State: _____ Zip: _____

DOB: _____ Driver's License/State ID: _____ State: _____

Race: _____ Sex: _____ Hgt: _____ Wgt: _____ Eyes: _____ Hair: _____

School/Employer: _____

Known Associates with birthdates: (Parents, siblings, grandparents, friends, boyfriend/girlfriend, acquaintance, etc.)

Aliases/Nicknames: _____

Vehicles with license plate: _____

Identification worn (jewelry, medical alert, ID card, tracking monitor, etc.): _____

Scars, Marks, Tattoos: _____

Medical Care Providers:

Hospital/Clinic: _____ Phone Number: _____

Primary Physician: _____

Current Medications (Include Dosage/Frequency): _____

Major Medical Conditions: _____

safeTY jacket Alert Entry Information – **IMPORTANT TO FILL OUT COMPLETELY**

Name of the person to be entered: _____				
	_____	_____	_____	_____
Home Address:	_____	_____	_____	_____
	Street	Apt#	City	State
Date of Birth:	_____	Date this individual will turn 18 years old: _____		

Diagnosis:

Autism Level 1

Autism Level 2

Autism Level 3

Other diagnoses: _____

Method of Communication:

Non-Verbal

Partially Verbal (short responses, yes or no questions)

Verbal

Primary Language: _____ Secondary: _____

Additional information regarding communication (PECS, Sign language, use of tablet, written words etc.):

Safety Concerns (check all that apply):

Displays behavior(s) that may be interpreted as aggressive to Emergency Responders (describe below):

Talks loudly when agitated: _____

Do not grab or touch: _____

Flight Risk: _____

Combative: _____

Attracted to water/street/parks/other (please specify): _____

Specific Medical Concerns: _____

Avoids Eye Contact: _____

Inclination for wandering.

Does person have access to weapons? Yes No

If yes, what type: _____

Emergency Contact Name and Birthdate

Phone Number

Relationship

safeTY jacket Alert Entry Information – **IMPORTANT TO FILL OUT COMPLETELY**

Additional Information Regarding Safety Concerns:

Common characteristics displayed or repetitive behaviors: _____

Favorite attractions and locations where person may be found if missing: _____

Best methods of approach (include approach and de-escalation techniques): _____

Information on what not to do (i.e.: physical touch and/or direct eye contact, bright lights, loud noises, etc.): _____

Any other relevant information (Information such as: favorite toys, names most likely to generate a positive response, reinforcers that are used, suggestions for cooperation): _____

safETY jacket Alert Entry Information – **IMPORTANT TO FILL OUT COMPLETELY**

Primary Emergency Contacts

Name 1: _____

Mobile Phone: _____ Home Phone: _____ Work Phone: _____

Relationship: _____

Address (if different): _____ City: _____ State: _____

Work Address: _____ City: _____ State: _____

Name 2: _____

Mobile Phone: _____ Home Phone: _____ Work Phone: _____

Relationship: _____

Address (if different): _____ City: _____ State: _____

Work Address: _____ City: _____ State: _____

Secondary Emergency Contact

Name: _____

Mobile Phone: _____ Home Phone: _____ Work Phone: _____

Relationship: _____

Address (if different): _____ City: _____ State: _____

Work Address: _____ City: _____ State: _____

Other Emergency Contact

Name: _____

Mobile Phone: _____ Home Phone: _____ Work Phone: _____

Relationship: _____

Address (if different): _____ City: _____ State: _____

Work Address: _____ City: _____ State: _____

safeTY jacket identifiers

1. ID Card (2)
2. Key Chain (2)
3. Silicone bracelet (2)
4. Car window decal (2)
5. Custom QR Code
 - a. Digital copy can be sent via email
 - b. Included on ID tag
 - c. Included on key chain

Identifiers that have the safeTY jacket logo on them will be an instant indicator to first responders that the individual they are interacting with has been registered with safeTY jacket. Because these identifiers (aside from the ID tag) do not include detailed information about the individual, a QR code will be created to provide information about the registered individual approved by a parent or guardian. When the QR code is scanned using the camera on a smart device (cell phone or tablet), a webpage with information unique to the individual will be available to provide identifying information that may assist the first responder to support them.

QR Code Categories

(Please select the categories you would like included with the QR code webpage):

Picture

Name (First and Last)

Phone number of primary emergency contact

Phone number of secondary emergency contact

Email of primary emergency contact

Street address where the individual resides

City and State where individual resides

Summary providing diagnosis and communication information

Additional documentation required:

1. Current photograph of individual. If not available, please schedule an appointment to have photograph taken at the Police Department in the city which the individual resides.
2. Proof of guardianship and/or conservatorship or proof that individual is a minor (i.e. birth certificate).

Disclaimer & Acknowledgement

Through this form, the safeTY jacket program will collect information that can identify you or a family member. Such identifying information may include your name, date of birth, email, address, and other personal data when it is voluntarily submitted. The safeTY jacket program will use your personal data to respond to requests you make of us and/or interacting with the persons named. We may refer to your personal data to better understand your needs and how we can improve our services in relation to you and/or your family. By signing this form, you acknowledge that you have authority to provide information required under this form and agree that it is your responsibility to ensure that the information so collected is current and valid, and that the safeTY jacket program is notified in writing of any changes.

Individuals executing this form are doing so voluntarily and consenting to the government entities' use of personal, private information in providing services under this form. This form may be considered a public record; however, the government entities providing services under this form will use reasonable efforts to protect individual's private, personal information pursuant to North Dakota Open Records Law outlined under North Dakota Century Code Chapter 44-04, the Minnesota Government Data Practices Act outlined in Minnesota Statutes Chapter 13, and the Minnesota Health Records Act under Minnesota Statutes Chapter 144.

The North Dakota Autism Center, Inc., Cass County, Clay County, Fargo, West Fargo, Moorhead, or any of the government entities' agents, representatives, employees, or subcontractors are not liable for any injury, loss, or damage resulting from the good faith exercise of their discretion to gather, disseminate, use or not use the provided information. The North Dakota Autism Center, Inc., Cass County, Clay County, Fargo, West Fargo, Moorhead, or any of the government entities' agents, representatives, employees, or subcontractors are not liable for any injury, loss, or damage resulting from reliance by their respective emergency personnel, including agents, representatives, employees, and subcontractors, on the information in this form that is incorrect or outdated.

Name of individual filing form: _____

Address: _____

Phone: _____ Email: _____

Relationship to individual: _____

Signature of individual or guardian: _____ Date: _____

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