



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.
Step 2: Go to saved application on your desktop or documents folder and click to open
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.

Person with Autism - Information

The information below is for the person with autism only (safeTY jacket applicant).

New Form or Renewal/Update: New _____ Renew _____ Update _____ Today's Date: _____

Last Name: _____ First Name: _____

Middle Name: _____ Suffix: _____ (Jr, Sr, I, II, III)

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

Primary Phone: _____ Secondary Phone: _____

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

DOB: _____ Driver's License: _____ 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: _____

Scars, Marks, Tattoos: _____

Medications/Emergency Medications:

Language(s) Spoken: _____

Additional information regarding communication (Verbal, Sign language, use of tablet, etc.):

Safety Concerns

Does person have wandering tendencies? _____ Yes _____ No

Does person have access to weapons? _____ Yes _____ No If yes, what type: _____

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

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

Diagnosis:

Autism Level 1: Requires some support

Autism Level 2: Requires substantial support

Autism Level 3: Requires very substantial support

Additional diagnoses: _____

Communication:

Non-Verbal/Vocal: _____

Partially Verbal (short responses, yes or no questions): _____

Verbal: _____

Safety Concerns:

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: _____

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

Specific Medical Concern: _____

Avoids Eye Contact: _____

Access to Weapons: _____

<u>Emergency Contact Name and Birthdate</u>	<u>Phone Number</u>	<u>Relationship</u>
---	---------------------	---------------------

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Additional Information Regarding Safety Concerns:

Common characteristics displayed or repetitive behaviors: _____

Favorite attractions and locations where person may be found: _____

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

Life threatening medical concerns: _____

Any other relevant information: (Information such as: favorite toys, names most likely to generate a positive response, reinforcers that are used, suggestions for cooperation. **Information on what not to do to be included (i.e.: physical touch and/or direct eye contact, bright lights, loud noises, etc.):**

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 & Acknowledgment

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.

The information provided in this form may constitute Protected Health Information under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), and HIPAA's implementing privacy regulations. F-M Ambulance, Inc., is a Covered Entity under HIPAA. You hereby understand and agree that F-M Ambulance Service, Inc., may release the Protected Health Information contained herein to participating law enforcement or government agencies for purposes of providing services under the safeTY jacket program.

Name of individual filing form: _____

Address: _____

Phone: _____ Email: _____

Relationship to individual: _____

Signature of Legal Guardian: _____ Date: _____

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.

Step 2: Go to saved application on your desktop or documents folder and click to open

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.