



# Loudoun County Sheriff's Office

803 Sycolin Road, SE • Leesburg, Virginia 20175

703.777.0407 • 703.777.1021 (24 hr.)

<https://sheriff.loudoun.gov>



## Voluntary Autism/Intellectual and Developmental Disabilities Program

Name: \_\_\_\_\_

Nickname if any: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Height: \_\_\_\_\_

Weight: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

School or place of employment: \_\_\_\_\_

Scars or identifying marks:

\_\_\_\_\_  
\_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Parent's name: \_\_\_\_\_ Contact numbers: \_\_\_\_\_

Parent's name: \_\_\_\_\_ Contact numbers: \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Contact numbers: \_\_\_\_\_

Method of communication "pictures, sign language, written words", etc.: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Identification worn: Jewelry/medical alert, ID, Tracking monitoring, Clothing tags, etc.:

\_\_\_\_\_  
\_\_\_\_\_

Sensory, medical, or dietary issues if any:

\_\_\_\_\_  
\_\_\_\_\_

Favorite attraction where person may be found if missing:

\_\_\_\_\_  
\_\_\_\_\_



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**Likes and Dislikes (include approach and de-escalation techniques)**

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**Signature:** \_\_\_\_\_

**Name printed:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**IMPORTANT: Please review the following before completing, signing, and or/submitting the form.**

If you choose to complete this from, it will be added to Loudoun County Sheriff's Office and Fire and Rescue dispatch systems for Emergency Operations. The purpose is to ensure that 911-Dispatcher and Emergency Response Personnel are aware, in advance of any information you believe they would need to know about the people with disabilities in your household in the event of an emergency.

\_\_\_\_\_ **Initials**

Responding to this forms is voluntary. This form requires a signature on the last page and may be filled out by the individual with the specific disability, their parent/guardian, foster family, legal representative or legal guardian. (A signature is required to process the information contained on form). It is the responsibility of the individual completing this form update it immediately when changes occur, such as but not limited to: address, contact information or physical appearance. (It is recommended that an update is done at a minimum of once a year, on the individual's birthday)

\_\_\_\_\_ **Initials**



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\*\*\*\*\*IMPORTANT\*\*\*\*\*

Please attach a recent photograph to this form.