



OFFICE OF THE
SHERIFF OF NOBLE COUNTY

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Sheriff

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Developmental Disabilities Registration Form for First Responders

Name: _____ Date of Birth: _____

Race: _____ Gender: _____ Height: _____ Weight: _____

Hair Color: _____ Eye Color: _____ Scars/Marks/Tattoos: _____

Home Address: _____

Home Telephone: _____ Cellular Telephone: _____

Weapons in the Home: _____

Emergency Contacts:

1. Name: _____ Telephone: _____

Address: _____

Relationship: _____

2. Name: _____ Telephone: _____

Address: _____

Relationship: _____

3. Caretaker: _____ Telephone: _____

Address: _____

Diagnoses: _____

Functional Level: _____

Communication Level: _____

Preferred Method of Communication: _____

Medical Conditions: _____

Allergies to Medications: _____

Prone to Wandering: _____

If yes, where was subject located? _____

Closest Water Body to Residence Including Pool: _____

Hiding Spot at Home: _____

Favorite Location in Neighborhood/Area: _____

Sensory Issues: _____

Stimming Behavior: _____

Fears/Triggers: _____

Preferred Objects/Topics: _____

Meltdown Signs and Behavior: _____

Calming Strategies: _____

Dietary Concerns: _____

Additional Information:

Disclaimer: The authorized developmental disabilities form will be maintained by the Noble County Sheriff's Office. The voluntary information provided will be utilized by emergency personnel for official business only. Please update information as it becomes necessary. Completed forms may be mailed to the Noble County Sheriff's Office at P.O. Box 22, Albion, IN 46701 or e-mailed to bclevenger@nobleco.us.

Signature: _____ Date: _____