Riverton Borough Police Department

501 Fifth Street, Riverton, NJ 08077 | (856) 829-1212

Autism Alert Form

If you have a loved one with Autism and believe his/her safety may be in question, please complete this form so that the Riverton Police Department can assist in finding and identifying your loved one in the event of such an emergency. Please note: By completing this form, you are giving full permission for RPD to retain and use this information as it pertains to official procedures.

Signature of Individual completing this form: _____

First Name: _____ Last Name: _____ Nickname: _____

Address: _____

Male or Female Date of Birth: _____ Eyes: _____ Hair: _____ Weight: _____ Height: _____

Any other identifying Marks / Information: _____ Does this individual speak English? YES NO

_____ If no, what language does s/he speak? _____

Please attach a current photograph (*color preferred*) of your loved one. ☐ YES picture is attached ☐ NO picture is attached

Communication

- ☐ Verbal
- ☐ Non-Verbal
- ☐ Picture Boards
- ☐ ASL
- ☐ Can Read
- ☐ Can Write
- ☐ Can answer YES/NO questions
- ☐ Other: _____

Medical Concerns

- ☐ Hearing Impaired
- ☐ Vision Impaired
- ☐ Seizures
- ☐ Tics
- ☐ High Pain Tolerance
- ☐ Cognitive Impairment
- ☐ Developmental Disorder
- ☐ Prescription Meds Needed
- ☐ Other: _____

Atypical Behaviors

- ☐ Speaks loudly
- ☐ Self-Injury
- ☐ Will run, if chased
- ☐ Vocal Stimming
- ☐ High Pitched Noise
- ☐ Little/No Sense of Danger
- ☐ Sensory Seeking
- ☐ Attracted to water
- ☐ Other: _____

Triggers:

_____
_____
_____
_____
_____

Calming Methods

- ☐ Calm/Quiet Voice
- ☐ Noise-Cancelling Headphones
- ☐ Time Alone
- ☐ Food/Candy
- ☐ Asking why upset
- ☐ Other: _____

Favorite Attractions, Locations, and/or Hiding Spots:

_____
_____
_____
_____
_____

Sensitivities

- ☐ Noise
- ☐ Light
- ☐ Touch
- ☐ Crowds
- ☐ Other: _____

Avoidance/Dislikes

- ☐ Eye Contact
- ☐ Being Wet
- ☐ Being Dirty
- ☐ Strangers
- ☐ Clothes/Shoes
- ☐ Other: _____

Pertinent Mental Health History: (such as Bi-Polar, Depression, Anxiety, ADHD, OCD, etc.)

Primary Caretaker

Name: _____ Relationship: _____ Contact Number: _____

Name: _____ Relationship: _____ Contact Number: _____

Emergency Contacts

Name: _____ Relationship: _____ Contact Number: _____

Name: _____ Relationship: _____ Contact Number: _____

(3.2025)