



POWELL POLICE DEPARTMENT
 250 N CLARK ST
 POWELL, WY 82435
 307-754-2212

SPECIAL NEEDS ELOPMENT ALERT FORM

Date Form Submitted _____

Individual's Name _____
 (First) (M.I.) (Last)

Date Of Birth MM/DD/YYYY _____ Age _____ Male ___ Female _____

Height _____ Weight _____ Date of Measurements _____ Eye Color _____

Complexion _____ Hair Color and Type _____

Identifying Marks or Scars _____

Physical Address _____
 (Street) (City) (County) (State) (Zip)

Special Instructions for Reaching Your Home (ex. House is on Road 8, 1 mile South of Hwy 120 South, left side)

Will He/She Answer or Come to Their Name? Yes No Maybe Would He/She Come to A Stranger Yes No Maybe

Will Calling His/Her Name Cause Them to Run or Hide? Yes No Maybe (Please Circle)

Preferred Name or Name They May Answer to _____

How Will He/She React To Name Being Called _____

Diagnoses and Other Information

___ Autism ___ Other _____ ___ Down Syndrome ___ Non-Verbal/Non Communicative

If He/She Is Verbal Does He/She Know Parents Names ___ Phone Numbers ___ and Home Address? ___ Y / N

___ Blind ___ Vision Impairment (May Be Wearing Glasses Y / N) ___ Deaf ___ Uses Sign Language

___ Hearing Impairment (May Be Wearing Hearing Aid Y / N) ___ No Sense Of Danger ___ Seizure Condition

___ Cognitive Impairment ___ May Be Uncomfortable With or Avoid Eye Contact ___ May Run/Bolt if Approached

___ Prescriptions / Medications _____

___ Sensory Issues (How Would He/She Respond To Touch) _____

___ Other _____

___ Attracted To Water (Can Swim / Can Not Swim) List Known Water Sources Near Your Home

___ Attracted To Busy Roadways/Highways/Signs ex. Stop Signs / Yellow Signs / Signs With The #4 etc.(List Below)

___ Fascination with Vehicles or Other Outdoor Items ex. Trucks / Tractors / Trains etc. (List Below)

___ Dietary Issues _____ Will A Certain Food Attract the His/Her Attention _____

___ Allergies _____

___ Other _____



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Helpful Information in The Case of Wandering / Elopement

Has He/She Wandered Before? _____ If Yes When _____ Where Was He/She Found? _____
_____ After How Long _____

Where Does He/She Like To Go? _____ Does He/She Have a Favorite Place?

Does He/She Have a Sibling with Special Needs? _____ Have Any Siblings Wandered Before? _____

Where Did They Go? _____

If He/She Wanders Will They Respond to a Particular Voice Such as That of Mother/Father/Friend

Does He/She Have a Favorite Song/Toy/Character? If So What or Who?

Does He/She Have Any Dislikes/Fears/ Behavior Triggers?

Does He/She Become Upset Easily? What Method Would Be Best to Calm Them?

If Found Alone Does He/She Need to Be Held/ Restrained to Prevent Bolting/Running?

Does He/She Wear a Medical ID or Tracking Device? What Kind / List Applicable Numbers Associated

How Would He/She Respond to Pain/Injury?

How Would He/She Respond to Sirens/ Dogs/ Vehicles/ Helicopters Used in a Search Effort?

Other Helpful Information in The Case of Wandering/Elopement



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If He/She Wanders or Elopers from Home or a Non-Home Environment ex. Child Care / School / Caregiver / Friends Home What is the Fastest Way to Contact Parents/Guardians and Individuals Familiar To and With Him/Her?

Parent/Guardian _____ Contact Information _____

Parent/Guardian _____ Contact Information _____

Familiar Person _____ Contact Information _____

Familiar Person _____ Contact Information _____

Have You Alerted Known Neighbors that He/She May Be a Risk for Wandering? Can they Help Search the Immediate Area?

Neighbor _____ Address _____ Contact Information _____

Neighbor _____ Address _____ Contact Information _____

Neighbor _____ Address _____ Contact Information _____