 

Person With Disability Emergency Information Instructions

Attached to this cover sheet is the Person With Disability Emergency Information form. Below please find instructions for completing this form, as well as answers to commonly asked questions.

**INSTRUCTIONS:**

1. The form must be completed in its entirety by a parent, guardian or person with power of attorney.
2. **Two** recent photos should be attached to the form. (The photo can be of any size, but must show a clear view of the persons face.)
3. This form must be turned in by a parent, guardian or person with power of attorney to the Champaign Police Department or Urbana Police Department’s front desk.
4. Any questions please contact either of the following individuals:

**Renae Yandell Cheryl Smith**

**Champaign Police Department Urbana Police Department**

**Police Services Unit Supervisor Police Service Representative**

**(217) 351-4545 (217) 384-2320**

**renae.yandell@champaignil.gov** [**smithch@urbanaillinois.us**](mailto:smithch@urbanaillinois.us)

**FREQUENTLY ASKED QUESTIONS:**

1. **How did this system come about?** *The Autism Society of Illinois-The C-U Autism Network collaborated with the Cities of Urbana and Champaign. The purpose was to create a method to provide critical information to emergency responders in the event of a crisis.*
2. **Why is this important?** *A first responder may come into contact with individuals with disabilities on an emergency call or even calls for missing persons. The first responder will now have access to critical information about the individual that will help deescalate the situation. Also, a photo will be quickly accessible for those who are missing.*
3. **Is this information confidential?** *Yes, all files will be kept in a secure area at both police departments and will not be accessible to the public. The information will only be accessed in an emergency situation and will not be used for any other purpose.*
4. **Do I have to update this information?** *Yes, preferably every year. However, if the agencies are not contacted by the end of the second year, the information will be purged by both agencies.*
5. **What if I decide that I no longer want to have this information on file?** *Simply contact the police department and request that this information be deleted. An officer will need to meet with you in person to verify that the person who signed the form is the same person who is requesting that the information be deleted.*

 

**PERSON WITH DISABILITY-EMERGENCY INFORMATION**

**Please print legibly and attach two current photos**

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

**Last First Middle**

**Nickname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_\_**

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

**City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_\_\_ Tel: (\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**School/Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_\_\_ Tel: (\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Primary Disability: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DESCRIPTION**

**Race: \_\_\_\_\_\_\_\_\_ Sex: m f Height: \_\_\_\_\_\_ ft \_\_\_\_\_ in Weight: \_\_\_\_\_\_ lbs**

**Hair: \_\_\_\_\_\_\_\_\_\_ Eyes: \_\_\_\_\_\_\_\_\_\_\_**

**Special Identifiers (scars/ marks/ tattoos/piercing): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**EMERGENCY CONTACT INFORMATION**

**Parent/Guardian(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_\_\_\_**

**Home Tel: (\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell/Work Tel: (\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ADDITIONAL EMERGENCY CONTACT INFORMATION**

**Emergency Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_\_\_\_**

**Home Tel: (\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell/Work Tel: (\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 

**PERSON WITH DISABILITY-EMERGENCY INFORMATION**

**Method of Communication:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Atypical Behavior or Characteristics that might attract attention**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Sensory, Medical, Dietary Issues:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Approach and De-Escalation Techniques:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Favorite Objects or Discussion Topics:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, parent/guardian of above-named individual, give the Champaign and the Urbana Police Departments permission to keep this photo and information regarding my son/daughter for emergency purposes only. I understand that my child's name will be entered into the ARMS system with an alert added to their name. I understand that my child’s name will be entered into a premise file in Tiburon – CAD Database. I understand that the information contained herein is for the CPD and UPD's internal information ONLY and cannot be accessed by others. I understand that it is my responsibility to annually update the above information and provide it to either the Champaign or Urbana Police Departments.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_**

**(Parent/Guardian Signature) (Date)**