



Kosciusko County Sheriff's Office
221 West Main Street
Warsaw, IN 46580
Phone (574) 267-5667 Fax (574) 269-6195
Sheriff Kyle P. Dukes

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 Kosciusko 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 Kosciusko County Sheriff's Office at 221 W Main ST Warsaw, IN 46580 or emailed to dcarpenter@kcgov.com.

Signature: _____ Date: _____