

# First Responder Questionnaire

This information is being requested to help our first responders appropriately interact with persons with disabilities. All information on this questionnaire is OPTIONAL, please do not feel obligated to answer any question. The information provided will ONLY be used if our responders come into contact with the person listed below & will remain CONFIDENTIAL.

## Personal Information

Name:

DOB:

Race:

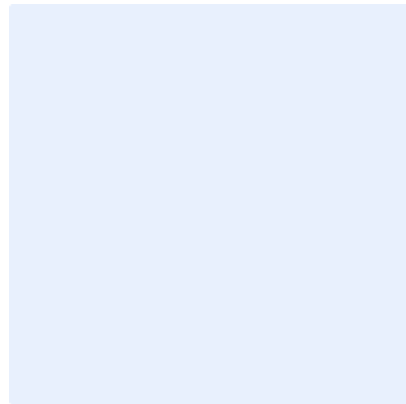
Sex:

Height:

Weight:

Hair color:

Eye color:



(Please attach recent photo)

Scars / birthmarks / tattoos / piercings:

Home address:

Home phone number:

Cell phone number:

Primary diagnosis:

Does s/he have seizures:

Describe typical seizure activity:

Level of functioning:

Other:

Does s/he have any processing delays?

How do processing delays present themselves?

Best way to help them process, if needed?

# First Responder Questionnaire

Verbal or non-verbal:

If non-verbal, mode of communication:

Does s/he carry any form of identification:

What form of identification?

Has s/he ever wandered before?

If s/he has wandered or run away, was there anything that specifically lead to it happening? (ex. scared or angry).

If s/he has wandered or run away, where was s/he located?

Favorite place to hide when at home?

Favorite place in the neighborhood or community (in general, not necessarily to hide)?

Is s/he attracted to confined spaces?

Describe space that would attract them.

Closest water to residence?

Is s/he able to swim?

Does s/he have sensory issues?

Touch

Sounds

Bright lights

Other

Eye contact

Describe any self-stimulating or stimming behavior s/he utilizes.

Fears

# First Responder Questionnaire

Dislikes or triggers

Please describe pre-meltdown signs

Please describe meltdown behaviors

Favorite object or topics

Please describe calming techniques that work

Please describe any objects or topics s/he will perseverate or fixate on.

Does s/he have any issues with drugs or alcohol?

Has s/he ever been arrested or had any interactions with police or other emergency responders?

How does s/he react to police officers, firefighters, or other public safety personnel?

If s/he were to become lost, it is possible that we will utilize trained dogs to locate them. How does s/he react to dogs?

Will s/he respond if their name is called?

How does s/he react to strangers?

Does s/he have a history of physical aggression towards themselves, family members, school staff, or emergency personnel?

- Yes – themselves       Yes – any family member  
 Yes – only specific family member(s)       Yes – school staff  
 Yes – emergency personnel       Yes – anyone present       No       Maybe  
 Unknown

Explain:

# First Responder Questionnaire

Describe physical aggression previously witnessed.

Are there weapons in the home?

Location of weapons, if applicable.

Any additional information that may help promote a positive (or as positive as possible) interaction with police & other responders or information that you deem important.

## Emergency Contacts

### Contact #1

Name:

Relationship:

Address:

Home phone:

Cell phone:

Email:

### Contact #2

Name:

Relationship:

Address:

Home phone:

Cell phone:

Email:

### Contact #3

Name:

Relationship:

Address:

Home phone:

Cell phone:

Email:

Additional contacts & their information:

### Case Worker Information (if applicable)

Name:

Agency:

Work phone:

Cell phone:

Email:

# First Responder Questionnaire

## School Information (if applicable)

Name of school:

Grade:

Address:

Office phone:

Best person to contact:

Relationship to student:

## Vehicle (if applicable)

Make:

Model:

Color:

Plate:

Plate state:

Plate type:

Other descriptions:

I, \_\_\_\_\_, hereby give permission for any first responder agency (including, but not limited to police, fire/rescue, 9-1-1 dispatch center, and search & rescue personnel) to retain and distribute the information contained in this form to other first responder personnel, for the sole purpose of identification and protection of the identified person above in an emergency or crisis situation.

While this information has primarily been obtained for use by the Maine Department of Public Safety (Augusta RCC, Bangor RCC, and Houlton RCC) and the responders for which we dispatch, we work cooperatively with other County and Local dispatch centers throughout the State. In an effort to promote positive interactions with persons with disabilities, we will share, as appropriate, this documentation with those centers. Please indicate if there will be any issues with this information sharing and if there are any dispatch centers that should NOT receive this information.

Name (printed):

Name (signature):

(If filling out & sending electronically, put "approved electronically" in the signature field)

Date signed:

Once this form has been completed, please send it to Angela Burnes at DPS Communications:

Address: 198 Maine Ave Bangor Maine 04401 Attn: Angie Burnes

Fax: 207-941-8531 Attn: Angie Burnes

Email: [angela.m.burnes@maine.gov](mailto:angela.m.burnes@maine.gov)