Crisis Preparedness Passport

(Please attach picture)

Official Name:

Nick Name:

Date of Birth:

Does the Individual Respond to his/her Name? Yes No

Can the Individual answer questions when posed by First Responder/other Authority to assist them in the situation?

 Yes No Maybe

Method of Communication: Verbal Non-Verbal Limited

Language Spoken/Understood:

Familiar with: Sign Language Picture board Written words

Other (please specify):

Triggers:

Aversions:

Special Interests:

Medical Issues (if any):

Conversation Starters (to calm individual):

Repetitive Behaviors/ Movements (if any):

Best Method of Approach (techniques to de-escalate):

How will the Individual Respond to:

* + Sirens
	+ Lights
	+ K9 Dog
	+ People in Uniform

Favorite Places to Go (if gone/missing):

Additional Helpful Information:

Primary Emergency Contact:

Name

Phone

Address

Email

Secondary Emergency Contact:

Name

Phone

Address

Email

Community Contacts (family, friends, professionals, others that could be helpful in a crisis):