

Safety Concerns (check all that apply):

- Displays behavior(s) that may be interpreted as aggressive: _____

- Talks loudly when agitated: _____
- Do not grab or touch: _____
- Flight Risk: _____
- Combative: _____
- Attracted to water/street/parts/etc.: _____
- Specific Medical Concerns: _____
- Avoids Eye Contact: _____
- Inclination for Wandering: _____
- Access to Weapons (if so, what type?): _____

Emergency Contact Information:

Name: _____	Name: _____	Name: _____
Birthdate: _____	Birthdate: _____	Birthdate: _____
Number: _____	Number: _____	Number: _____
Relationship: _____	Relationship: _____	Relationship: _____
Address: _____ _____	Address: _____ _____	Address: _____ _____

Medical Care Providers:

Hospital/Clinic: _____ Phone: _____

Primary Physician: _____ Phone: _____

Current Medications (Dosage/Frequency): _____

Major Medical Conditions: _____

Allergies: _____

Any other helpful information (Common characteristics, repetitive behaviors, favorite toys/cartoon/etc., suggestions for cooperation, reinforcers, things to avoid): _____

Additional documentation required:

1. Current photograph of individual. If not available, please schedule an appointment to have photograph taken at the Police Department in the city which the individual resides.
2. Proof of guardianship and/or conservatorship or proof that individual is a minor (ex. birth certificate).

Disclaimer & Acknowledgement

Through this form, the safeTY jacket program will collect information that can identify you or a family member. Such identifying information may include your name, date of birth, email, address, and other personal data when it is voluntarily submitted. The safeTY jacket program will use your personal data to respond to requests you make of us and/or interacting with the persons named. We may refer to your personal data to better understand your needs and how we can improve our services in relation to you and/or your family. By signing this form, you acknowledge that you have authority to provide information required under this form and agree that it is your responsibility to ensure that the information so collected is current and valid, and that the safeTY jacket program is notified in writing of any changes.

Individuals executing this form are doing so voluntarily and consenting to the government entities' use of personal, private information in providing services under this form. This form may be considered a public record; however, the government entities providing services under this form will use reasonable efforts to protect individual's private, personal information pursuant to North Dakota Open Records Law outlined under North Dakota Century Code Chapter 44-04, the Minnesota Government Data Practices Act outlined in Minnesota Statutes Chapter 13, and the Minnesota Health Records Act under Minnesota Statutes Chapter 144.

The North Dakota Autism Center, Inc., Cass County, Clay County, Fargo, West Fargo, Moorhead, or any of the government entities' agents, representatives, employees, or subcontractors are not liable for any injury, loss, or damage resulting from the good faith exercise of their discretion to gather, disseminate, use, or not use the provided information. The North Dakota Autism Center, Inc., Cass County, Clay County, Fargo, West Fargo, Moorhead, or any of the government entities' agents, representatives, employees, or subcontractors are not liable for any injury, loss, or damage resulting from reliance by their respective emergency personnel, including agents, representatives, employees, and subcontractors, on the information in this form that is incorrect or outdated.

Name of individual filing form: _____

Address/City/State/Zip: _____

Phone: _____ Email: _____

Relationship to individual: _____

Signature of individual/guardian: _____ Date: _____

Identifiers that have the safeTY jacket logo on them will be an instant indicator to first responders that the individual they are interacting with has been registered with safeTY jacket and has a developmental disability. Because these identifiers (aside from the ID tag) do not include information about the individual, a webpage with information unique to the individual (Name, Date of Birth, & Emergency Contacts) will be available to provide first responders with the information they need to pull up the registered individual's safeTY jacket; assisting the first responder in supporting the individual. This webpage can be accessed through the use of the identifier's QR code or NFC tags.

- A QR code is scanned using a camera on a smart device (cell phone or tablet).
- NFC tags in stickers and fobs are scanned by holding a smartphone within 4cm of the tag.

QR Code & NFC Tag Categories

Identifiers provide first responders with enough information to look up the individual on their Computer Aided Dispatch system. Identifiers will contain the following:

- Picture of the Individual
- Individual's First and Last Name
- Individual's date of birth
- Phone number of primary emergency contact
- Phone number of secondary emergency contact

Without this information, first responders would be unable to determine and/or verify the identity of the individual. The remainder of the information provided in the application will not be available through the identifier. This is done to ensure maximum privacy for the individual and their information.

safeTY jacket Identifiers

1. ID Card (2)
2. NFC Fobs (4)
3. NFC Stickers (3)
4. Custom QR Code
 - a. Digital copy can be sent via email
 - b. Included on ID tag