

Frequency: _____

WESTERN PENNSYLVANIA SEARCH AND RESCUE DEVELOPMENT CENTER



1410 Frey Road
Pittsburgh, PA 15235
Phone: 412-856-HELP (4357) Fax: 412-372-6418

Personal Data Questionnaire

This form is designed for Custodial Care Givers to provide, in advance, certain information that will be useful to Search Teams, should the need arise. Providing the information in advance of the need will allow Search Management Personnel the necessary information to establish an effective search response.

Name : _____
Address: _____
City/State: _____ Zip: _____
Phone: _____
Date Transmitter Placed: _____
Local Police Department Agency: _____

Resident's Personal Data

Birthday: _____ Sex: Male/Female Race: _____
Nickname(s): _____
Most recent address: _____
Most recent place of work: _____
Most recent occupation: _____
Name of Spouse: _____ Living/deceased (circle)

Family/Friend Information

Other persons the resident might contact (family, friends, etc.)

Name: _____ Phone: _____
Address: _____
Relationship to client: _____
Name: _____ Phone: _____
Address: _____
Relationship to client: _____
Name: _____ Phone: _____
Address: _____
Relationship to client: _____
Name: _____ Phone: _____
Address: _____
Relationship to client: _____

Diagnosis: _____

Physical Description

Height _____ft. _____in. Weight _____lbs. Build _____

Hair color _____ Hair Style _____ Eye Color _____

Complexion _____ Beard Yes/No Sideburns Yes/No

Mustache Yes/No Balding Yes/No False Teeth Yes/No

Shape of facial features: Round/Square/Oval/Other _____

Distinguishing marks, scars, tattoos, etc. Describe _____

General Appearance _____

If Resident does not understand English, what language is understood? _____

Spoken word only Yes/No or Written/Spoken

Does Resident wear glasses? Yes/No Contacts? Yes/No Sunglasses Yes/No.

If yes to any of the above what style: _____

If resident wears glasses or corrective eyewear what degree of vision does he/she have without the eyewear? None/Poor/Fair (circle one)

Does Resident wear a hearing aid? _____ what style? _____

If yes, what type of hearing without Aid? None/Poor/Fair (circle one)

What is the Resident's Dominant hand? R_____ L_____

Health/Psychological Condition

Any known physical handicaps? _____
(Describe please)

Any known medical problems? _____
(Describe please)

Medications taken regularly? _____

List any medication using correct name of drug and dosage being taken: _____

Consequences of NOT taking medications?

Attending Physician _____ Phone No.

Any Psychological Problems? Yes/No Nature

If Alzheimer's disease has been diagnosed, Answer the following:

1. Does the Resident remain oriented to Time and Person? Yes/No
Explain _____
2. Does the Resident recognize familiar persons and faces? Yes/No
Explain _____
3. Can the Resident travel to familiar locations? Yes/No
Explain _____
4. Does the Resident have deceased knowledge of current events or tend to re-live events in his/her life? Yes/No
Explain _____
5. Does the Resident sometimes clothe himself/herself improperly? Yes/No
Example: Putting shoes on the wrong feet, adding underwear over clothing?
Explain if necessary _____
6. Does the Resident remember his/her own name and the names of spouse and or children? Yes/No
Explain _____
7. Are the Resident's sleep patterns frequently? Yes/No
Explain _____
8. Does the Resident suffer from frequent personality and emotional changes? Yes/No
Explain _____
9. Does the Resident suffer from delusions (See Imaginary Visitors, Talk to his/her own reflection in the mirror, Imagine that their spouse is an imposter, etc?) Yes/NO
Explain _____
10. How good is the Resident's communication ability? None/Poor/Fair/Good/Excellent (circle one please)

Personal Articles Normally Carried by the Resident:

Tobacco Products: Yes/No Type _____ Brand _____

Candy/Gum: Yes/No Brand _____

Matches: Yes/No Lighter: Yes/No Type _____

Food Items: _____

Facial tissue or other pocket/purse items: _____

Approximate Amount of Cash on Hand? \$ _____

Where Normally Carried _____

Handbag, Purse or Wallet:

Description _____ Type _____ Color _____

Jewelry (Please describe) _____

Watch? _____ Type _____ Color _____ Description _____

Equipment

Cane/Walker or _____ Hunting/Fishing, Etc. _____ (circle one or describe)
Other: _____

Experience

Familiar with area? Yes/No How recently _____ Days/Months/Years
If not local, what other areas are known to Resident? _____

Taken outdoor classes? Yes/No Where? _____ When?

Taken first-aid training? Yes/No Where? _____ When?

Involved in Scouting? Yes/No Explain

Military Experience? Yes/No Where? _____ When?

Recreational Outdoor Experience? Yes/No

Overnight Camping Experience? Yes/No

Ever been lost before? Yes/No Where?

When _____ Time of Day _____

Located by searchers or walk out by himself/herself? _____

Location
found _____

Actions taken

Ever go out alone? Yes/No stay on trails? Yes/NO

General Athletic Interest/Abilities _____

Personality Habits

Smoke? Yes/No How often _____ what _____ Brand _____

Drink Alcohol? Yes/No What Type? _____ Brand _____

Use Illicit Drugs? Yes/No How often _____ Type _____

Hobbies/Interests _____

Outgoing or Quiet; Likes Groups or being alone?

Evidence of Leadership Yes/No Explain _____

Ever been in trouble with the law? Yes/NO What _____

Religious? Yes/No what faith _____

What does Resident value most? _____

Which family member is resident closest to? _____ Relationship _____

Where was Resident born and raised? _____

Has Resident received any letter recently? Yes/No from Whom _____

Is resident afraid of Dogs? Yes/No The dark? Yes/No Noises? Yes/NO (circle one beside each)

Horses? Yes/No People? Yes/No Other (explain) _____

What actions taken hurt? (Cry, shout, etc.?) _____

Will Resident talk to strangers? Yes/No(circle one)

Is the Resident DANGEROUS to him/herself or others? Yes/No(circle one)

WESTERN PENNSYLVANIA SEARCH AND RESCUE DEVELOPMENT CENTER



1410 Frey Road
Pittsburgh, PA 15235
Phone: 412-798-HELP (4357) Fax: 412-372-6418

Waiver of Liability and Hold Harmless Agreement

The following terms shall apply as agreed to upon the signing of the
Operation: Take Me Home release form:

I acknowledge that the information I have provided is true and accurate to the best of my knowledge. All information provided has been given voluntarily, and I consent to the collection, use and disclosure of such information for the purposes of electronic tracking. Furthermore, I hereby represent and warrant that I have full power and authority as the duly authorized representative of the Applicant named below, to register and act on his/her behalf. My Power of Attorney and/or Power of Personal Care is attached, if needed.

THEREFORE, IN CONSIDERATION of the mutual promises and obligations contained herein, the sufficiency of which is acknowledged, the parties agree as follows, each to their respective obligations:

1. I understand that when I enroll an Applicant in Operation: Take Me Home (hereby referred to as the "Program"), that it does not replace the need for constant supervised care of the person. I am, and remain, primarily responsible for supervised care and take fully responsibility of protecting this person from wandering. I also understand that I, or a family member, must be present in the home with the Applicant at all times.
2. I understand that electronic tracking equipment is designed to be an additional aid to help locate a missing person and that there is no warranty, representation or guarantee that a person will be found because they are wearing a bracelet. Electronic tracking equipment is designed to provide law enforcement personnel with an additional technology in attempting to locate the Applicant. I also acknowledge that this is an experimental program for aiding in the search and rescue of persons suffering from diminished mental capacity or other disability.
3. In order for electronic tracking to work, I have a responsibility to obey the instructions of the Program, follow all training, and make sure that the person that I enroll is wearing the transmitter bracelet. If it has been removed or is defective, I will call the servicing agency immediately.
4. When I notice that the Applicant enrolled has wandered off, I must immediately call the emergency number supplied by servicing agency and report the Applicant as a missing person. Special Population Response Technician teams will respond to search. I understand and acknowledge that the electronic transmitter device cannot predict or report that the Applicant has wandered off. It is used solely as an aid for emergency personnel when notified the Applicant is missing.
5. I understand that while it is an electronic tracking device that assists in locating persons who wear the bracelet device, there may be unforeseen times or circumstances when individuals cannot be located even while wearing the transmitter bracelet. I will not hold Western Pennsylvania Search and Rescue Development Center (hereby referred to as "WPSARDC") or any of its employees or volunteers, Provincial or city Law Enforcement or Fire and Rescue Agencies (collectively the "Releases") involved, liable for failure to locate the person using the system, and hereby release all such Releases from any claim, cause of action, loss or damages arising from any inability or delay in locating the Applicant.

6. I understand that all information I have provided in this application may be shared among Law Enforcement, Fire and Rescue, and other necessary agencies. Therefore, I understand that none of the information I have provided or provide in the future can be considered confidential or protected or private when used for the purposes of the electronic tracking program, [notwithstanding the provisions of the Personal Information Protection and Electronic Documents Act].
7. I specifically waive any rights to confidentiality to the Applicant's medical records, and confirm that I have the authority by which to waive such rights.
8. I understand that Operation: Take Me Home is a program administered by: Western Pennsylvania Search and Rescue Development Center. I agree to release and hold each agency and all of their respective personnel, officers and volunteers harmless from any and all claims of liability and/or damage, and waive any and all rights to seek recourse for any losses or injury that may occur as a result of participation in the electronic tracking program.
9. I understand that the transmitter and tester remain the property of WPSARDC and when no longer being used by the Applicant to whom it was assigned will be returned undamaged to servicing agency to be assigned to another participant in the Program. I shall remain liable for any loss or damage to all such equipment and for the replacement cost of all such equipment until returned to servicing agency.
10. I understand that if I fail to use the tester device at least once per day and record the results on the supplied test result monthly inspection sheet, or if I fail to notify the servicing agency immediately when I discover the Applicant missing, or if I fail to notify the servicing agency or if I test the transmitter device and find no signal indication, or if the Applicant refuses to wear or removes the device 3 (three) times, then the Applicant may be involuntarily removed from the program. All property will then be returned to WPSARDC and I will return to the original security measures, which were in place prior to enrollment in Operation: Take Me Home, and without recourse to WPSARDC.

CAREGIVERS NAME (PRINTED)

CAREGIVERS SIGNATURE

DATE

(WITNESS)

APPLICANTS NAME

FOR WPSARDC

WESTERN PENNSYLVANIA SEARCH AND RESCUE DEVELOPMENT CENTER
(AFFILIATE NAME)



EMERGENCY RESPONSE INFORMATION FOR INDIVIDUALS WITH AUTISM SPECTRUM DISORDERS

Return copy of completed form to:
Western PA Search and Rescue Development Center
1410 Frey Road
Pittsburgh, PA 15235

Parent/Guardian Name _____

Name of Child/ren with autism spectrum
disorder _____

Date of Child/ren's
Birth _____

Home
Address _____

Home Telephone _____

Contact name and telephone in event of
emergency _____

Name and telephone of child's specialist (doctor or teacher) in case of
emergency and parent/guardian cannot be reached

Is your child able to communicate with speech?

Does your child understand receptive language (what is being said to
him/her)? _____

What hand is dominant? _____ Left _____ Right

If not, describe his/her method of
communication _____

Would your child be able to communicate his name, address, and telephone
number in a high stress situation?

Does your child engage in any unusual behaviors than might seem disrespectful or threatening (yelling, giggling, standing too close to people)? If so, please describe _____

In a high anxiety situation, how would your child most likely communicate?

Is your child prone to sensory overload?

Circle what may result from sensory overload: seizure, panic, flight, fight, withdrawal, other (please describe) _____

What might trigger what is circled above (i.e. dog bark, siren, touch)?

Does your child have any specific fascinations (tree climbing, water)? If so, please describe

Is your child threatened by any physical traits (i.e.: whiskers, hats, uniforms)? If so, please describe

Does your child have an accurate sense of danger?

Does your child have any other medical conditions? If so, please describe

Who is your local Police Department _____

Please describe anything else that would be helpful to emergency personnel (Police, Fire, EMT) who may have to respond to your household and interact with your child:

**Western Pennsylvania Search and Rescue
Development Center
1410 Frey Road Pittsburgh, PA 15235**



“TAKE ME HOME” PROJECT



SUBJECT INFORMATION

Name: _____ Name to Call Me: _____

Date of Birth: _____ Hair Color: _____ Eye Color: _____

Race: _____ Sex: _____ Height: _____ Weight: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____ Telephone: _____

Disability: Alzheimer's Autistic Deaf Mentally Disabled Other: _____

Organization: ARC Council on Aging Autistic Foundation Other: _____

Local Police Department _____

EMERGENCY CONTACT INFORMATION

1	Name: _____	Phone: _____
	Address: _____	Cell Ph: _____
2	Name: _____	Relationship: _____
	Address: _____	Phone: _____
3	Name: _____	Cell Ph: _____
	Address: _____	Relationship: _____
4	Name: _____	Phone: _____
	Address: _____	Cell Ph: _____
	Relationship: _____	

My signature below constitutes an affirmation under oath that I am legally responsible for the person named above for whom I have provided information, and that I consent to have this information shared among law enforcement personnel for enrollment in the “Take Me Home” program.

Signature

Date

PLEASE SUBMIT A RECENT PICTURE FOR THE DATABASE