



206 Court Street | Chilton, WI 53014
 (920) 849-1451 | Toll-Free (833) 620-2730
 www.calumetcounty.org

Calumet County Project Safe Response

This project is provided through a partnership between the Aging and Disability Resource Center and Calumet County Law Enforcement Agencies.

IMPORTANT: A current photo of the participant is required. Further details are provided at the end of this form.

Participant's Name _____
 Address _____ City _____ Zip Code _____
 Date of Birth _____ Preferred Name _____
 Number of People in the Home _____ Involved with Calumet County Human Services? Y N

Physical Description

Male Female Other Glasses: Y N Left-handed Right-handed
 Height _____ Eye Color _____ Hair Color _____ Weight _____
 English Speaking: Y N If not, what Language? _____
 Scars/Marks/Tattoos: _____

Vehicle Individual has Access to or may Operate:

Make _____ Model _____ Color _____ License Plate _____

Emergency Contact Information

Primary Contact Name _____
 Relationship _____
 Address _____ City _____ Zip Code _____
 Phone numbers: Cell _____ Home _____ Work _____

Secondary Contact Name _____
 Relationship _____
 Address _____ City _____ Zip Code _____
 Phone numbers: Cell _____ Home _____ Work _____

Medical Information

Official Diagnosis: Dementia Alzheimer's Autism Other _____

Conditions Related to Diagnosis:

Non-Verbal Difficulty understanding Language Combative Need to Pace Difficulty with Balance

Other Relevant Medical Conditions:

Visually Impaired Blind Hearing Impaired Deaf Diabetic
 Prone to Seizures On Needed Medications

Prescription Medication: _____

Additional Information
for First Responders: _____

Area Hospital of Choice: _____

Individual's Historical and Other Important Information

Previous Places of Employment: _____

Pets in the Home: _____

Job Title(s) Held in Career: _____

Previous Home Addresses: _____

Current/Previous Schools: _____

Favorite Locations to Visit: _____

Behaviors/Characteristics
that may Draw Attention: _____

Favorite Objects, Hobbies,
Conversation Topics, Music: _____

Upsetting Things
to the Individual: _____

Method of Preferred Communication if Non-Verbal: Sign Language Written Other _____

Phrases/Topics that get
a Positive Response: _____

Suggested De-Escalation
Methods: _____

Does the Individual Wear Identifying Jewelry or Cards? Y N If so, what? _____

Does the Individual have any Tracking Devices? Y N If so, what? _____

NEXT STEPS: SAVE this completed form to your device and SUBMIT it with a current photo of the participant in one of the following ways:

- EMAIL:** adrc@calumetcounty.org (Attach form and photo to email. Photo format can be jpg, jpeg, or png). **You will receive a confirmation email from a staff member.**
- MAIL:** Calumet County ADRC, 206 Court Street, Chilton WI, 53014
- DROP OFF:** ADRC Office (located on the second floor of the Calumet County Courthouse, 206 Court Street, Chilton).

If you need assistance with the form, obtaining a picture, or have questions, please contact the ADRC at (920) 849-1451.
Primary emergency contact for individuals on the registry will be contacted annually to confirm information remains accurate and current.
The information given on this form is confidential and will be maintained by the Calumet County Aging and Disability Resource Center and the Calumet County Sheriff's Office. It will be shared with law enforcement, ADRC, and the Department of Health and Human Services.