



Official CAD& Premise Alert Intake Form

Section A: Enrollee Demographic & Identification

Full Legal Name: _____

Preferred Name / Nickname: _____

Date of Birth: ____ / ____ / ____ | Age: ____ | Gender: []

M [] F [] Other

Primary Residence Address: _____

Apartment / Unit / Space #: _____ Gate / Access Code: _____

City / State / Zip: _____

Primary Spoken Language: _____ Secondary: _____

Primary Vehicle Make/Model/Year: _____ License Plate: _____

Section B: Physical Description & Medical Diagnosis

Height: ____ ft ____ in | Weight: ____ lbs

Hair Color: _____ | Eye Color: _____

Distinguishing Marks (Scars, Birthmarks, Tattoos): _____

Diagnoses (Check all that apply):

[] Autism Spectrum Disorder (ASD)

[] Intellectual / Developmental Disability (I/DD)

Ryan D Gainer Foundation - 911 Premise Alert Registry Blueprint

[] Non-Verbal / Minimally Verbal

[] Mental Health Condition (Bipolar, Schizophrenia, Anxiety)

[] Sensory Processing Sensitivity

[] Epilepsy / Seizure Disorder

[] Deaf / Hard of Hearing

[] Blind / Low Vision

[] Dementia / Alzheimer's

[] Other: _____

Critical Medications or Medical Devices on Site: _____

Section C: Communication & Processing Profile

Primary Communication Modality:

[] Fully Verbal

[] Non-Verbal

[] Uses AAC Speech Tablet / PECS Board

☐ Uses Sign Language (ASL)

☐ Delayed Echolalia (Scripts TV/movies)

☐ Immediate Echolalia (Repeats words back)

Processing Delay: ☐ Requires 10–15 seconds of silence/processing time before repeating instructions

Tone & Language Guidance:

☐ Use short 3–4 word concrete commands (e.g., "Sit here, please")

☐ Avoid idioms, sarcasm, or open-ended questions

☐ Maintain a calm, neutral speaking volume

Section D: Sensory Triggers & Behavioral Considerations

High-Risk Triggers (May cause involuntary crisis escalation):

☐ Flashing emergency lights / strobe lights

☐ High-pitch sirens / horns

☐ Loud shouting or aggressive tone

☐ Sudden physical contact / touch

☐ Direct flashlight beams

☐ Uniformed presence / multiple responders crowding space

☐ Police K-9 Units

Self-Regulation / Stimming (Calming behaviors — NOT aggressive threats):

☐ Hand flapping / Finger flicking

☐ Rocking back and forth / Pacing

☐ Vocalizing / Humming loudly

Ryan D Gainer Foundation - Memorial Scholarship Grants & Contact Directory

☐ Covering ears / Hiding eyes

Section E: Tactical De-Escalation & Calming Techniques

Favorite Topics / Special Interests: _____

Calming Phrases to Use: _____

Phrases to AVOID: _____

Comfort Items (Headphones, blanket, music, toy): _____

First Responder Tactical Approach (The R.Y.A.N. Protocol):

☐ Turn off sirens and flashing light bars upon arrival

☐ Maintain 6–10 feet of tactical distance; avoid rapid containment

☐ Integrate primary caregiver on scene as direct de-escalation partner

Section F: Wandering / Elopement Risk

Tendency to Wander / Run: ☐ Yes ☐ No

Dangerous Attractions: ☐ Water (Pools/Canals) ☐ Highways/Traffic

☐ Train Tracks ☐ Heights

Common Hiding Locations:

☐ Bedroom closet / under bed

☐ Shed / garage / vehicle

☐ Local park: _____

Bedroom Location in Home: _____

Section G: Emergency Caregiver Contacts

Primary Caregiver Name: _____

Relationship: _____ Phone: _____

Secondary Caregiver Name: _____

Relationship: _____ Phone: _____

Section H: Voluntary Consent & Authorization

Submission of this form is completely voluntary and confidential.

Information is transmitted to emergency dispatch, law enforcement, and
fire/EMS agencies solely for CAD premise alert emergency response.

Printed Name: _____

Signature: _____ Date: ____ /
____ / _____

Relationship: ☐ Self ☐ Parent ☐ Legal Guardian ☐ Conservator

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