



# IRON COUNTY MENTAL HEALTH UNIT

## Safety Response Plan

Case #

Officer/Deputies name:

Individuals Name:

Middle Name:

Last Name:

Address:

Date of Birth:

Age:

Preferred Name:

School:

Does the individual live alone?

### ***PHYSICAL DISCRIPTION***

Male/Female:

Height:

Weight:

Hair Color:

Eye Color:

Scars:

Tattoos:

Description of scars / marks / tattoos:

Primary Special Needs Condition:

Blind / Deaf / Verbal / Non Verbal

Seizures / Intellectual Disability

Other:

Urgent Medical Needs:

***EMERGENCY CONTACT INFORMATION***

Name of Emergency Contact:

Household / Residence or Care Provider:

Emergency Contact's Address:

Emergency Contact's Phone Number:

Home:

Work:

Cell:

***INFORMATION SPECIFIC TO THE INDIVIDUAL***

Behavioral Concerns (i.e. aggressive, suicidal, assaultive)

Is the Person attracted to water?

Nearby water sources and favorite attractions or locations where the individual may be:

Last found / or found before:

Sensory Issues, if any:

Atypical behaviors or characteristics that may attract the attention of responders?

Calming methods, and any additional information First Responders may need?

Individual's favorite toys, objects, music, discussion topics, or dislikes:

Method of preferred communication:

Identification Information: (ID card, medical bracelet)

Tracking Information; (transmitter number)

***By submitting this information, you acknowledge and agree that Iron County Mental Health Unit and the assisting Agency have permission to use this information for police and public safety purposes. This permission includes, but is not limited to, dissemination to the public and other law enforcement agencies when necessary to protect the life or safety of an individual. This information is subject to the provisions of the Government Records Access and Management Act (GRAMMA) and information will only be disclosed in accordance with the provisions of the Act and your permission, which is hereby granted.***

Signature:

Date:

Additional Notes: