



AUBURN HILLS POLICE DEPARTMENT

Autism / Special Needs / Mental Health Awareness Notification Program



Authorization and Waiver Form

The Auburn Hills Police Department is pleased to offer the Autism / Special Needs / Mental Health Awareness Notification Program. This program will allow residents to provide voluntary information about family members or friends with a mental health concern to the police department so that we might respond appropriately to your residence during a time of need. This information can include anything that will assist in our emergency response, such as behaviors that might be exhibited (may run, may hide), popular destinations they frequent, visual or audible triggers of behavior, or even key phrases that help calm situations down. In addition, we can collect emergency contact information and even some health care concerns or a photograph.

Our officers are highly trained in properly identifying and responding to those in mental health crisis. However, as you know, the signs of mental health concerns are not always easily identifiable. Your voluntary notification will help us respond in the most appropriate way.

How to Participate: This program is completely voluntary. We ask that you complete the attached form so that we can enter this information into our police and fire dispatch program under “premise information.” This will allow the dispatcher to provide notice to responding units of your concerns so that we may provide a higher level of care.

Yearly Audit: We will contact you on an annual basis to confirm you still reside in the City and still wish to be part of this program. Please contact us if you move, or wish to discontinue involvement in the program.

Authorization: By signing this form and providing the attached information to the Auburn Hills Police Department, you confirm that you wish to participate in this voluntary program, and understand that the information provided will be used as a notification of Special Needs Alerts by the Auburn Hills Police Department, the Auburn Hills Fire Department, or its designee, with the goal of providing more appropriate emergency response. To submit this form on behalf of another, you must have a legal relationship that allows you to do so (parent, guardian, etc).

Name (print) _____ Signature _____

**Any Questions or Concerns relating to this program should be directed to the
Auburn Hills Police Department Community Engagement Officer at**

248-370-9460

Auburn Hills Police Department

1899 North Squirrel Road, Auburn Hills, MI
Emergency: 911 Non-Emergency: 248-370-9444



Autism/Special Needs/Mental Health Awareness Notification Form

Please complete this form and return to the Auburn Hills Police Department

Name of Loved One:	Gender: M / F	Date of Birth:	Race:
Address, City, & Zip code:			
Emergency Contact:		Telephone—home/work/cell:	
Emergency Contact:		Telephone—home/work/cell:	
Describe Mental Health Concern:		Description (Height, Weight, Eyes, Hair, Identifying marks):	
Behaviors that may be exhibited(run, wander, fight, etc.):		Important Information for Responders (Key phrases that might help, cannot be left alone, no loud noises, etc):	
Communication Methods—Verbal, Sign Language, Visuals, Software:		Medical Conditions (seizures, etc):	
Popular Destinations (if subject is missing - pool, restaurant, store, etc):			
Other information that might help emergency response:			
Authorization and Waiver: I certify that I am the guardian or caregiver for the above named subject and authorize the Auburn Hills Police and Fire Departments to use this information in the event of an emergency.			
Name_____ Relationship_____ Signature_____			