SANTA ROSA COUNTY SHERIFF OFFICE

Sheriff Bob Johnson

Safe Program

Santarosasheriff.org

Subject Information

- Name: _____
- Race: _____
- Sex: _____
- DOB: _____
- Developmental age (If applicable): _____
- Nickname(If any): _____

Residence Information

- Home Address_____
- City_____
- Mailing Address: _____

Contact Information

- Parent/Guardian: _____
- Phone#:_____
- Work#:_____
- Parent/Guardian: _____
- Phone#:_____
- Work#:_____

Additional Emergency Contacts

- Name/Relation:
  _____
- Phone Number: (____)-_____-_____
- Name/Relation:
  _____
- Phone Number: (____)-_____-_____

Vehicle Information:

- License Plate_____ License Plate_____
- Make_____ Make_____
- Model_____ Model_____

Subject Physical Description:

- **Height: _____**
- **Weight: _____**
- **Complexion: _____**
- **Eye Color: _____**
- **Hair Color: _____**
- **Hair Style: _____**
- **Facial Hair: _____**
- **Distinguishing Marks: _____**
- **Favorite Clothing: _____**

Misc. Information (if applicable):

- **How does individual communicate with others:**

_____

- **Known Trigger/s:**

_____

_____

- **Likes: _____**
- **Dislikes: _____**
- **Stims: _____**
- **Eye contact: _____**
- **Calming Techniques: _____**
- **Frequently Visited Places: _____**
- **Fascinations: _____**
- **Can individual swim: _____**
- **First Responder Safety**

Issues:_____

Physical/Mental Limitations:

- **Physical:_____**
- **Mental: _____**
- **Medication: _____**
- **Notes: _____**

Please email completed forms to Dispatch@SRSO.net

Pictures may be submitted along with the completed form.