



SANTA ROSA COUNTY SHERIFF'S OFFICE
Sheriff Bob Johnson



santarosasheriff.org

Safe Program

Subject Information

Name: _____
DOB: _____ Sex: _____ Race: _____
Developmental Age: _____ Nickname (if any): _____

Residence Information

Home Address: _____
City: _____ State: _____ Zip Code: _____
Mailing Address: _____
City: _____ State: _____ Zip Code: _____

Contact Information

Parent/Guardian (full name): _____
Phone#: _____ Work#: _____
DOB: _____ Driver's License#: _____
Parent/Guardian (full name): _____
Phone#: _____ Work#: _____
DOB: _____ Driver's License#: _____

Additional Emergency Contacts

Name: _____
Relation: _____ Phone#: _____
Name: _____
Relation: _____ Phone#: _____

Vehicle Information

License Plate: _____ Color: _____
Make: _____ Model: _____
License Plate: _____ Color: _____
Make: _____ Model: _____

Subject Physical Description

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

Miscellaneous 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 Diagnoses

Physical: _____

Mental: _____

Medication: _____

Notes: _____

Multiple horizontal lines for additional notes.

Pictures may be submitted along with completed forms.