



# OKEECHOBEE COUNTY EMERGENCY SERVICES

## S.A.F.E. PROGRAM

### REGISTRATION FORM

Date Turned In: \_\_\_\_\_

Location Turned In (Mark One):

Issued On: \_\_\_\_\_

Sheriff

Fire Rescue

Police

**OFFICIAL USE ONLY**

ACCEPTED BY: \_\_\_\_\_

ENTERED BY: \_\_\_\_\_

DATE ENTERED: \_\_\_\_\_

Male \_\_\_ Female \_\_\_ Adult \_\_\_ Child \_\_\_ - Primary Disability \_\_\_\_\_

Individuals Name (receiving bracelet) \_\_\_\_\_

(First)

(Middle)

(Last)

Verbal \_\_\_ Non-Verbal \_\_\_ (Alzheimers Only) Lives alone \_\_\_ Live In Caretaker (Circle One) Yes \_\_\_ No \_\_\_

Address: \_\_\_\_\_, Okeechobee, 3497 ( ) \_\_\_\_\_

(Color Of Home)

DOB \_\_\_/\_\_\_/\_\_\_ Preferred Name; \_\_\_\_\_ Nickname(s) \_\_\_\_\_

Hgt. \_\_\_\_\_ Wgt. \_\_\_\_\_ Eye \_\_\_\_\_ Hair \_\_\_\_\_

Scars / Marks / Tattoo (s) \_\_\_\_\_

Other relevant medical conditions \_\_\_\_\_

**Check the following where appropriate:**

No Sense of fear / danger \_\_\_ Blind \_\_\_ Deaf \_\_\_ Non-Verbal \_\_\_ Sensory Sensitive \_\_\_ Seizure \_\_\_

Attracted to Water \_\_\_ Cognitive Impairment \_\_\_ Intellectually Disabled \_\_\_ Light Sensitive \_\_\_ Other \_\_\_

Owns Their Own Cell Phone or iPad (Check one) Yes \_\_\_ , Style \_\_\_ PX \_\_\_ No \_\_\_

(If You Marked Other, Please Explain): \_\_\_\_\_

Prescriptions / Medicines needed : \_\_\_\_\_

Calming Methods: \_\_\_\_\_

Additional Information Used to Assist Deputies when Searching: \_\_\_\_\_

**Primary Caregiver Information**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_, Okeechobee

Home PX: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

**(If works away from home)** Work Address and Name: \_\_\_\_\_

\_\_\_\_\_

**Co-Parent (s) Information**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_, Okeechobee

Home PX: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

**(If works away from home)** Work Address and Name: \_\_\_\_\_

\_\_\_\_\_

**Additional Emergency Contact Information #1**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_, Okeechobee

Home PX: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

**(If works away from home)** Work Address and Name: \_\_\_\_\_

\_\_\_\_\_

**Additional Emergency Contact Information #2**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_, Okeechobee

Home PX: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

**(If works away from home)** Work Address and Name: \_\_\_\_\_

\_\_\_\_\_

*Additional information about contacts above:* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Information Specific To The Individual Applicant**

Nearby water source (Pond, canal, pool, creek) \_\_\_\_\_ Direction from home: \_\_\_\_\_

Distance from home: \_\_\_\_\_ Has the Individual ever wandered thee before \_\_\_\_\_

Attractions or areas where you feel your child or adult may attempt to go to (hide, drive, ect.) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If sensory sensitive, what are some things NOT do: \_\_\_\_\_

\_\_\_\_\_

What are things that MAY attack them to the searchers (certain music, lights, sounds) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**If non-verbal** what is the preferred method of communication: Sign Language \_\_\_\_ Picture Boards \_\_\_\_ Written Words \_\_\_\_

Other (explain) \_\_\_\_\_

**If verbal**, preferred method of communication (preferred phrases, sounds, speaks with songs they may respond to:, for instance past military service for an Alzheimer's patient, or certain song someone with autism may like: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\* NOTICE \***

REGISTRATION IS COMPLETE **ONLY** WHEN ALL THREE FORMS ARE FILLED OUT AND TURNED IN TO THE:



**OKEECHOBEE COUNTY SHERIFF'S OFFICE**  
504 NW 4TH ST.  
OKEECHOBEE, FLORIDA, 34972  
863.763.3117



**OKEECHOBEE COUNTY FIRE RESCUE**  
707 NW 6th ST.  
OKEECHOBEE, FLORIDA, 34972  
863.763.3212



**OKEECHOBEE CITY POLICE DEPARTMENT**  
50 SE 2ND AVE.  
OKEECHOBEE, FLORIDA, 34972  
863.763.2626