



**Jennings County  
Autism or Mental Health  
Awareness Information Form**



**Name of Subject:**

First \_\_\_\_\_  
Middle \_\_\_\_\_  
Last \_\_\_\_\_  
DOB: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

**Alert Safety Information:**

- |                               |   |   |
|-------------------------------|---|---|
| 1. Risk to Self               | Y | N |
| 2. Risk to Others             | Y | N |
| 3. Likely to Resist Authority | Y | N |
| 4. Combative                  | Y | N |
| 5. Non-verbal                 | Y | N |

**TRIGGERS:**

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

**Mental Health Diagnosis:**

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

**Mental Health Provider:**

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

Phone: \_\_\_\_\_

**Emergency Contact Information:**

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

Address: \_\_\_\_\_

Phone \_\_\_\_\_

Attach Photograph