Sleepy Hollow Police Departments
H.E.A.R.T.S.
Helping Embrace Autistic Residents Together and Safely

Dear Parents and Residents,

Sleepy Hollow Police Departments H.E.A.R.T.S. Helping Embrace Autistic Residents Together and Safely is a program designed to gently and safely approach and/or find children and dependent adults with autism spectrum disorders. It is a voluntary way for parents or loved ones to provide information on their children or adult family members to first responders.

Residents with Autism Spectrum Disorder (ASDs) are especially at risk. Many are unable to ask for help or express their needs. Some may not be capable of understanding individuals like police officers, fire fighters and others who are there to help them. When approached by First Responders, a person with autism may panic or react unpredictably. In other instances, high-functioning children and adults on the autism spectrum, who appear perfectly typical, may come across as rude and /or obstinate in unfamiliar situations. If misinterpreted by police, these behaviors may cause a minor incident to develop into a major situation.

1. Parents or guardians fill out the registration form and attach two photographs of the child or adult. They keep several copies for themselves to put in their wallets and vehicles.
2. The original photographs and the information on the child will be kept in a file specifically for children and adults with autism at the local police station for references when needed.

If a child/adult is found and the officers suspect ASD, they can immediate access the information in the file and see if the person matches up with a photograph. The officers would then have a better understanding of how to proceed. This program will be particularly helpful if the individual is non-verbal.

Our goal is to provide awareness to first responders and to prevent unfortunate circumstances from developing.

Thank you for this opportunity to work together to keep our residents with ASDs safer.
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H.E.A.R.T.S. Program
Helping Embrace Autistic Residents Together and Safely

Please fill out registration form and return to:
Sleepy Hollow Police Department
28 Beekman Avenue
Sleepy Hollow, New York 10591
Attention: Officer Wendy Yancey & Officer Kevin Moya

Please contact P.O. Yancey & P.O. Moya at (914) 631-0800 with any questions
Name of Person ____________________________________________
Home Address ____________________________________________

Alternate Emergency Contact #1 Name ____________________________
Contact #1 Home Phone ____________________________ Work _______ Cell _______
Alternate Emergency Contact #2 Name ____________________________
Contact #2 Home Phone ____________________________ Work _______ Cell _______

School ____________________________________________ School Phone # ____________
Doctor’s Name ____________________________ Phone # ____________
Allergies ____________________________________________
Other Medical Conditions ____________________________________________

Noticeable Behaviors ____________________________________________

Verbal _________ Non-Verbal _________ Partially Verbal _________
Language spoken or understood ____________________________________________
If Partial or Non-Verbal, Method of Communication (i.e. sign-language, picture board, written words) ____________________________________________
Hearing Impaired (Partial or Fully) ____________________________
Vision Impaired (Partial or Fully) ____________________________ Glasses (yes or no) ____________________________

Fears (Animals, Sounds, Flashing Lights etc.) ____________________________________________

Favorite Things, Attractions, Places (Boats, bridges, water, parks, etc.) ____________________________________________

Actions or Words to Avoid ____________________________________________

Helpful Hints to Aid in Approaching ____________________________________________

I authorize release of my child’s personal information to the police to be kept on file in the event of an emergency.

Signature of Parent or Guardian ____________________________________________

Date: ____________________________________________

Please attach a recent photo