



ASCEND is a voluntary registry for individuals with a physical, mental, or developmental condition, and the caretakers of such individuals. The registry, which is only accessible by the Oneida County Sheriff's Office and 911 Call Center, allows first responders to be aware that the individual whom they are responding to has a preexisting mental health concern, developmental disability, health condition, or has a religious or cultural consideration. The goal of this program is to ensure that all Oneida County residents who have special needs are able to get the support and resources that they need in a time of emergency or during an interaction with law enforcement, fire, or EMS personnel.



First Name:

Last Name:

Preferred Name:

Gender:

Male

Female

Other (Please Specify):

Height:

Weight:

Birthday:

Special Needs:

- Anxiety Disorder
- Autism Spectrum Disorder
- Bipolar Disorder
- Communication, Visual, or Hearing Impairments
- Dementia
- Depressive Disorder
- Diabetes
- Disruptive Impulse/Conduct Disorder
- Dissociative Disorder
- Electronic Device Dependent
(i.e. Tablet to Communicate)
- Hoarding/Household Hazards
- Mobility Impairment and Motor Disorder
- Neurodevelopmental Disorder
- Obsessive Compulsive Disorder
- Schizophrenia Spectrum Disorder
- Trauma and/or Stress Disorder

Neurocognitive Disorder (Please Specify)

Religious or Cultural Considerations (Please Specify)

Service Animal (Please Describe)

Other (Please Specify)

Email Address:

Physical Address:

Street Address 2

City:

State:

Postal/Zip Code:

Primary Medical Provider:

Provider's Number:

Describe any of the registrant's life threatening medical concerns.

Please list all current medications that the registrant is taking.

Are there any triggers that affect the registrant? (Ex. loud noises, flashing lights, etc.)

Are there any calming methods used for the registrant?

Does the registrant frequent/gravitate to any location in particular?

Registrant's primary method of communication:

Verbal

Sign Language

Speech Assistance Device

Non-verbal

Written

If any... what type of augmentative/speech assistance/language does the registrant use, speak, or understand? Please separately identify if the registrant has a preferred form of communication when in distress.

Please name any community service agency that the registrant utilizes or is otherwise associated with.

Please add any additional information you may think will be helpful for first responders to know regarding the registrant.

Completed applications and an up-to-date photograph of the registrant can be submitted via email to ascend@oneidacountysheriff.us or submitted in person at the Oneida County Sheriff's Office.

If you have any questions about the ASCEND program, please call the Oneida County Department of Planning at **315.798.5710**