



# PROJECT GUARDIAN BRIDGE

Connecting families, guiding safe response.

Project Guardian Bridge was created in partnership with the Juneau County Sheriff's Office and Juneau County Department of Human Services (DHS) to provide an added layer of safety and support for individuals who may have cognitive, developmental, or communication-related needs within our community.

Enrolling your loved one in the Project Guardian Bridge ensures that law enforcement has access to important information *before* responding to a call involving your loved one. This knowledge helps deputies:

- Use the safest and most effective approach.
- Personalize communication techniques.
- Understand potential triggers and calming strategies.
- Respond with compassion during a crisis.

## Why Enroll?

Individuals who may have cognitive, developmental, or communication-related needs may have unique needs during emergencies. By sharing details such as preferred communication methods, sensory sensitivities, and emergency contacts, you help first responders interact in a way that reduces stress and promotes safety.

## How to Apply

Applications and assistance are available through:

- Juneau County Sheriff's Office: 608-847-5649
- Sheriff's Office App: Download for free



- Juneau County DHS Office: 608-847-2400
- Online: <https://www.co.juneau.wi.gov/>

## Questions?

For more information about the Project Guardian Bridge, please contact:

- Juneau County Sheriff's Office
- Juneau County DHS Office

## Program Goal

This initiative builds on the success of our Dementia Response Program. The goal is to prepare first responders with critical information before arriving on scene, ensuring safe, compassionate interactions and helping individuals remain calm and secure.

The program will collect details such as:

- Physical descriptors
- Preferred language
- Sensory triggers (e.g., lights, sirens)
- Calming techniques
- Emergency contacts

Information will be shared between the Sheriff's Office (and all first responders they dispatch for) and Juneau County DHS. We also plan to collaborate with local schools, Project Lifesaver, and community partners to provide comprehensive support.

This program is about more than safety—it's about building trust and strong relationships between families, law enforcement, and community organizations. Together, we can create a safer, more connected community for generations to come.

## Summary

The Project Guardian Bridge is a collaborative effort between the Juneau County Sheriff's Office and the Juneau County Department of Human Services, designed to provide enhanced safety and support for individuals who may have cognitive, developmental, or communication-related needs. By enrolling, families can ensure first responders have the necessary information to interact effectively and compassionately during emergencies. This initiative aims to build trust and create a safer community for all.



# FAMILY INFORMATION FORM

Important details for support and safety.

Please complete this form with as much detail as possible. This information will help us provide the best possible support for your loved one.

## Basic Information

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

Nickname: \_\_\_\_\_

DOB: \_\_\_\_\_

Age: \_\_\_\_\_

Gender: \_\_\_\_\_

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

## Identifying Information

### Physical Description:

Height \_\_\_\_\_ Weight \_\_\_\_\_ Hair Color \_\_\_\_\_ Eye color \_\_\_\_\_

Glasses Y \_\_\_\_\_ N \_\_\_\_\_ English Speaking Y \_\_\_\_\_ N \_\_\_\_\_

If not, what language? \_\_\_\_\_

### Identifying Marks/Scars:

\_\_\_\_\_

Location Device/ID Bracelet?: \_\_\_\_\_

## Emergency Contacts

### Emergency Contact #1

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

Phone Number \_\_\_\_\_ Relationship \_\_\_\_\_

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

### Emergency Contact #2

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

Phone Number \_\_\_\_\_ Relationship \_\_\_\_\_

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

## Medical & Dietary Information

Medical Needs or Medications:

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Allergies/Dietary Restrictions:

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## Preferences & Support Strategies

**Favorite Local Places:** (be specific: water/pool/lake, park, gas station, family homes, etc...)

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**Signs of Escalation:** (crying, running, rocking, aggression, etc...)

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**De-escalation Techniques:**

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**Best Way to Approach Individual:**

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**Identify Likes:** (favorite toys, characters, songs, tv shows, etc...)

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**Identify Dislikes/Triggers:** (things to avoid, fears, sensitivities like lights, noises, etc...)

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**Preferred Communication:** (speaking/non-speaking, visuals, sign language, speech advice)

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**Safe Word or Identifier to Indicate That You Are a Safe Person:**

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## Photo

Please provide a recent photo of your loved one to add to their records. This will help us quickly identify them.

Thank you for providing this valuable information. We are committed to supporting your loved one's well-being.



# CONFIDENTIAL INFORMATION RELEASE CONSENT FORM

## Mission:

The **Juneau County Project Guardian Bridge** provides first responders with critical information to assist when responding to calls involving individuals who may have cognitive, developmental, or communication-related needs who may wander or experience communication challenges during a crisis. The information collected helps deputies and emergency personnel understand the individual's background, preferred communication methods, and calming strategies. This ensures safer, more positive interactions for the individual and their family.

## Client Information Collected By:

(to be completed by law enforcement agency or DHS)

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

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

Agency Phone Number: \_\_\_\_\_

Name of Contact Person: \_\_\_\_\_

## Client Information:

Client's Name: \_\_\_\_\_

DOB: \_\_\_\_\_

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

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

## Information Regarding Release:

The information provided in this form will be available to all first responders in Juneau County. Limited details may be shared with fire, EMS, and crisis response teams during emergencies. Once this form is completed and received, the information will be entered into the emergency communication system used by the **Juneau County Sheriff's Office**.

The **Juneau County Department of Human Services (DHS)** will assist with intake and may use this information to connect families with additional resources.

## Information Released to Agencies:

Only information provided by the parent or legal guardian will be included. This program does **not** collect medical records or collateral information from healthcare providers. The goal is to help first responders interact safely and effectively with your loved one.

## Expiration / Revocation of Information:

Information will remain active for **12 months** from the date of signing. Parents or guardians may revoke consent at any time by submitting a written request to the agency that submitted the form or directly to the **Juneau County Sheriff's Office**.

If you would like the information removed before the 12-month period, please indicate the date here: \_\_\_ / \_\_\_ / \_\_\_\_\_

## Consent Statement:

I, \_\_\_\_\_ (Parent/Legal Guardian), consent to the information provided being shared with first responders in Juneau County and the Juneau County DHS for a maximum of 12 months from today's date. I understand I can revoke this consent at any time by submitting a written request. I understand I will receive a copy of this consent form and, if requested, a copy of the information packet. I understand I am not obligated to sign this form.

**Parent/Legal Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Authorized Person (if applicable):** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Witness Signature:** \_\_\_\_\_

## Photo Consent:

I, \_\_\_\_\_ (Parent/Legal Guardian),  
give permission for my loved one's photo to be used in this program for identification purposes.

**Parent/Legal Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please provide a recent photo of your loved one to add to their records. This will help us quickly identify them.

Thank you for providing this valuable information. We are committed to supporting your loved one's well-being.