

**New Berlin Police Department
SPECIAL NEEDS ALERT FORM
PERSON-SPECIFIC INFORMATION FOR FIRST RESPONDERS**

Date Submitted: _____

Individual's Name: _____
(First) (M.I.) (Last)

Address: _____
(Street) (City) (State) (Zip)

Date of Birth: _____ Age: _____ Preferred Name: _____

Does the Individual live alone? Yes No



INDIVIDUAL'S PHYSICAL DESCRIPTION

| | | | | | |
|--|---|---|-------------------------------------|------------|-------------|
| <input type="checkbox"/> Male | <input type="checkbox"/> Female | Height: | Weight: | Eye Color: | Hair Color: |
| Scars or other identifying marks: | | | | | |
| Primary Diagnosis/Disability: | | | | | |
| Other Relevant Medical Conditions / Behaviors in addition to Primary Diagnosis/Disability (<i>check all that apply</i>): | | | | | |
| <input type="checkbox"/> No Sense of Danger | <input type="checkbox"/> Blind | <input type="checkbox"/> Deaf | <input type="checkbox"/> Non-Verbal | | |
| <input type="checkbox"/> Prone to Seizures | <input type="checkbox"/> Cognitive Impairment | <input type="checkbox"/> Combative/Aggressive | | | |
| <input type="checkbox"/> Other (<i>please explain</i>): _____ | | | | | |
| Prescription Medications Needed: | | | | | |
| Sensory or Dietary Issues, if any: | | | | | |
| Additional Information First Responders may need: | | | | | |

EMERGENCY CONTACT INFORMATION

| | | |
|--|-------|-------------|
| Name of Emergency Contact (Parents/Guardians, Head of Household/Residence, or Care Providers): | | |
| Emergency Contact Address (<i>Street, City, State, Zip</i>): | | |
| Emergency Contact Phone Numbers: | | |
| Home: | Work: | Cell Phone: |
| Name of Alternate Emergency Contact: | | |
| Alternate Emergency Contact Phone Numbers: | | |
| Home: | Work: | Cell Phone: |

SPECIAL NEEDS ALERT FORM – Continued

INFORMATION SPECIFIC TO THE INDIVIDUAL

Method of Preferred **NON-VERBAL** Communication (*sign language, picture boards, written words, communication devices, I-Pads, etc.*):

Method of Preferred **VERBAL** Communication (*preferred words, sounds, songs, phrases they may respond to*):

Favorite attractions or locations where the individual may be found:

Atypical behaviors or characteristics of the individual that may attract the attention of Responders:

Individual's favorite toys, objects, music, discussion topics, likes or dislikes:

Identification information, including where it is located (*i.e., Does the individual carry or wear jewelry, tags, ID card, medical alert bracelets, etc?*):

Tracking Information (*Does the individual have any tracking devices?*):

SUBMITTED BY (*Parent/Guardian*): _____