



New Berlin Police Department

16300 West National Avenue, New Berlin WI 53151 • (262) 782-6640 • nbpolice.org

Special Needs/At Risk Alert Program

Dear Parents, Guardians & Caregivers of persons with special needs,

In an effort to facilitate a positive & productive interaction between first responders and residents with special needs, the New Berlin Police Department utilizes a "Special Needs/At Risk Alert Form" to obtain person-specific information of both children and adults with special needs. The information requested on this form is for the sole purpose of assisting first responders with calls for service involving children/adults in the community with special needs or who are otherwise at-risk due to a diminished mental/physical capacity.

This program is totally voluntary. You determine if this program would benefit your child, family member or person in which you care for. The information captured on the alert form is not only entered into our internal database, it is also entered in the Waukesha County Communications (WCC) database so if the person you care for ever needs to be assisted by any agency that contracts with WCC for dispatch services, that agency will also have access to crucial information to do so more effectively.

If you would like to participate in this program, please complete the "Special Needs/At Risk Alert Form" and submit it directly to our records division by forwarding it to the below email or physical address. Please also include a current photo of the individual listed on the form. When any information/photo needs to be updated please submit a revised form.

New Berlin Police Department-Records Division
16300 W National Avenue New Berlin, WI 53151

Email: policemapping@newberlin.org

Fax number: 262-782-9033

Please direct any questions regarding this program to the NBPD-Community Services Section: fus@nbpolice.org or (262) 780-8148.

New Berlin Police Department

Date Submitted: _____

**SPECIAL NEEDS/AT-RISK ALERT FORM FOR ADULT/JUVENILE
PERSON-SPECIFIC INFORMATION FOR EMERGENCY RESPONDERS**

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

Approx. Date of Picture: _____



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"/> Memory Loss		
<input type="checkbox"/> Hallucinates/Delusional	<input type="checkbox"/> Diabetic	<input type="checkbox"/> Speech/Articulation			
Other (<i>please explain</i>): _____					
List any Allergies (Food or Prescription Drugs):					
Actions that may trigger, if any:					
Primary Care Physician:					

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: _____

INFORMATION SPECIFIC TO THE INDIVIDUAL

Preferred **NON-VERBAL** Communication (*sign language, picture board, written word, communication device, I-Pads, etc.*):

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

Actions that CALM or DE-ESCALATE (*example*):

Actions that may TRIGGER outbursts (*example*):

Favorite location or attractions where the individual may want to visit or might 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 & location on person (*Carry or wear jewelry, tags, ID card, medical alert bracelets, etc?*):

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

SUBMITTED BY: _____