Salina Police Department Special Needs Alerts and Identification Participation Form

If you are a parent, guardian, or caregiver of an individual with medically diagnosed special needs, please complete the following form to participate in the program. Answer all questions completely and accurately as this information will be utilized to create the alert in our database. If you have a question regarding any portion of the form, send an email to wayne.pruitt@salina.org and amber.pfeifer@salina.org.

Please provide information on the individual who will have the S.A.Id. Alert

First name:
*_____

Middle name: _____

Last name: *_____

Nickname(s) / name individual responds to:
_____

Date of birth: *_____

Home phone: _____

Cell phone: _____

Cell phone provider: _____

Home address: *_____

City: *_____

State: *_____

Descriptive information:

Race: _____

Gender: _____

Height: _____

Weight: _____

Hair color: _____

Eye color: _____

Please list any physical identifiers (scars, marks, tattoos, physical conditions):

_____

Photo:

Please include a recent photo of the individual with your submission that includes only their head and shoulders. You can also send a digital version of the photo (png or Jpeg format) to wayne.pruitt@salina.org and amber.pfeifer@salina.org. Make sure to include the individual's name and date of birth in the email.

Please provide vehicle information on the individual who will have the S.A.Id. Alert

Make:_____Model:_____

Year:_____ Color:_____

Tag #_____

What are the individual's special needs?

(Check all that apply)

__ Visually impaired
__ Legally blind
__ Hearing impaired
__ Deaf
__ Immobile
__ Non-verbal
__ Diabetes
__ Seizure disorder
__ Speech impaired
__ Prosthesis
__ Cerebral Palsy
__ Down Syndrome
__ Muscular Dystrophy
__ Traumatic brain injury
__ Cognitively / developmentally delayed
__ Mood disorder / mental illness
__ Paralysis (full or partial)
__ Parkinson's
__ Alzheimer's / Dementia
__ Autism Spectrum Disorder / Asperger Syndrome

Which of the following apply to this individual?

(Check all that apply)

__ Responds to verbal commands
__ Communications / speech delay
__ Communications with PECS
__ Communicates with sign language
__ Scared of fast movement / crowds
__ Use of eye glasses
__ Responds well to touch
__ Light / siren sensitivity

__ Sounds sensitivity
__ Use of hearing aids
__ Color sensitivity
__ High pain tolerance
__ Wheelchair / walker / crane
__ Tendency to wander
__ Fascination with water
__ Tendency to hide

What upsets this individual? _____

_____

What is their safety item or something that calms them down? _____

_____

If they are known to wander:

What is their favorite place or a common hiding place INSIDE the home?

_____

What is their favorite place or a common hiding place OUTSIDE of the home?

_____

Name of school or daycare: _____

Address: _____

City: _____

State: _____

Zip code: _____

Phone number: _____

Email address: _____

Primary emergency contact:

Relationship: * _____

First name: * _____

Middle name: _____

Last name: * _____

Date of birth: * _____

Home address: * _____

City: * _____

State: * _____

Zip code: * _____

Home phone: _____

Work phone: _____

Cell phone: _____

Email address: _____

Secondary emergency contact:

Relationship: _____

First name: _____

Middle name: _____

Last name: _____

Date of birth: _____

Home address: _____

City: _____

State: _____

Zip code: _____

Home phone: _____

Work phone: _____

Cell phone: _____

Email address: _____

By submitting this form, I certify that the information provided is true and accurate to the best of my knowledge. I understand that I voluntarily provided the information listed within this form and that it will not result in any type of preferential treatment from first responders. I hereby grant the Salina Police Department to create an alert utilizing the above information and consent to that information being shared with the Salina Fire Department and the paramedics and ambulance service.

Signature:_____Date:_____