

Powell Police Department Special Needs Alert Program (SNAP) Person-specific Information for First Responders

Date Submitted:

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Individual's Name:				
Address:	(First)	(M.I.)	(Last)	Attach current photo here
	(Street)	(City)	(State)	Or e-mail to
Date of Birth:	Age:	Preferred Name: _		<u>police@cityofpowell.com</u> Attn: SNAP Program
Does the individual	live alone? 📋 Yes	🗖 No 🛛 Cell P	hone:	

INDIVIDUAL'S PHYSICAL DESCRIPTION								
Gender:	Height:		Weight:	Hair Colo	or:	Eye Color:		
Scars, marks, or tattoos:								
Relevant Medical Conditions / Behaviors / Special Needs (<i>check all</i> <i>that apply</i>): Speech Impaired Visually Impaired Hearing Impaired Non-verbal Seizure disorder Cognitive Impairment Additional Information First Responders		 Alzheimer's/Dementia Asperger's Autism Cerebral Palsy Down Syndrome Parkinson's 			Mood Disorder Other (<i>please explain</i>):			
Special Considerations Responds well to commands Responds well to formation Responds well to formation Speech delay ASL (American Signal Construction) 	verbal touch		ound sensitivity /heelchair/walker/cane endency to wander endency to hide combative/aggressive rescription medication		Other (<i>ple</i>	ease explain):		

EMERGENCY CONTACT INFORMATION						
Name of Emergency Contact (Parents/Guardians, Head of Household/Residence, or Care Providers):						
Emergency Contact Address (Street, City, Sta	Emergency Contact E-Mail Address:					
Emergency Contact Phone Numbers:		I				
Home:	Work:	Cell Phone:				
Name of Alternate Emergency Contact:						
Alternate Emergency Contact Phone Number	ers:					
Home:	Work:	Cell Phone:				
	ADDITIONAL INFORMAT	ION				
Method of Preferred NON-VERBAL Communication (<i>sign language, picture boards, written words, communication devices, iPads, etc.</i>):						
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 whe <i>alert bracelets, etc?</i>):	re it is located <i>(i.e., Does the individ</i>	ual carry or wear jewelry, tags, ID card, medical				
Tracking Information (Does the individual	have any tracking devices?):					
		his form to public safety professionals only. isclosure to outside parties. Form must be				
Name:	Signature:	Date:				