

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.pruitte@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: _____