Sample form to share with your town's Police Department before completing Disability Registration Form

The Town of _____ is committed to the safety of our residents with any special needs. This form will help our first responders gather important information prior to an emergency so we are best prepared to respond. Please provide the information on this form and a recent photograph of the individual with special needs and return it to _____ _____ Please call _____ if you need help to complete the form or if you have any questions. Use the reverse side to add additional information.

Individual Profile

Last Name	First Name	Nick Name	Date of Birth	Sex	Race

Home Address   Lives With?   Home Phone #   Cell #
_____

School or Day Program (Name, Address and Phone Number)
_____

Height   Weight   Hair Color   Eye Color   Other Identifying Marks (scar, birthmark, tattoo)
_____

Emergency Contact Name and Address	Relationship	Cell Phone #

1.
_____

2.
_____

3.
_____

Medical / Disability Information

☐ Autism   ☐ Other Developmental Disability   ☐ Intellectual Disability   ☐ Dementia   ☐ Brain Injury   ☐ Blind

☐ Deaf/ Hearing Loss   ☐ Mental Health Issues   ☐ Physical Disability   ☐ Mobility Issue   ☐ Diabetes   ☐ Seizures

☐ Other

Important Medical/Disability Information_____

Critical Medications _____

Method of Communication

Primary Language_____ Secondary_____

Please describe method of communication (verbal, nonverbal, sign, pictures, written word or technology)
_____

Reading Ability ☐ High ☐ Moderate ☐ Low   Ability to follow verbal Instructions ☐ High ☐ Moderate ☐ Low

Other Important Information - Please add additional information on the reverse side

Will he/she respond if someone calls his /her name?   Yes   No   Will he/she hide from first responders? Yes   No

Does he/she wander or run away?   Yes   No   If yes, are there are favorite places to go?_____

How will he/she react to sirens, people in uniform, or K9 search dogs? _____

Does he/she know how to drive or use public transportation?_____

Does he/she have a favorite food or interest? _____

Name of Person Completing Form	Relationship	Date

_____