



**Connecting and assisting those with special needs in our community with a focus on empathy, dignity, and respect!**

**Please fill out this form and email to [records@remindervillepolice.com](mailto:records@remindervillepolice.com) or drop off at the City of Reminderville Police Department.**

## RPD Special Needs Resource Form

**Individual's Name:** \_\_\_\_\_  
(First) (M.I.) (Last)

**Address:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Age:** \_\_\_\_ **Preferred Name:** \_\_\_\_\_

**Does the Individual live alone:** ☐ Yes ☐ No

**Individual's physical description:** Gender: ☐ Male ☐ Female

Race: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eyes: \_\_\_\_\_ Hair: \_\_\_\_\_

Build: ☐ Slender ☐ Medium ☐ Heavy

Complexion: ☐ Light ☐ Medium ☐ Dark ☐ Tanned

Other helpful descriptive information: (scars, marks, tattoos, wears glasses, etc.): \_\_\_\_\_

Attach an updated photo here

**Quick Tips Box:** Do they have a cell phone? Y / N Who is provider? Social Media access?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Description of Special Circumstances:**

(Check all that apply)

- ☐ Dementia
  - ☐ Alzheimer's
  - ☐ Autism Spectrum Disorder
  - ☐ Cognitive delayed
  - ☐ Developmentally Delayed
  - ☐ Down Syndrome
  - ☐ Mental Health Concerns
  - ☐ Other condition (Please specify):
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**Co-Occurring Disorders:**

(Check all that apply)

- ☐ Anxiety Disorder
  - ☐ Depression
  - ☐ ADD
  - ☐ ADHD
  - ☐ ODD
  - ☐ Bi-Polar Disorder
  - ☐ Schizophrenia
  - ☐ Other condition (Please specify):
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**Special Needs Characteristics:**

(Check all that apply)

- ☐ No Sense of Danger
  - ☐ Blind
  - ☐ Hearing Impaired
  - ☐ Deaf
  - ☐ Non-Verbal
  - ☐ Prone to Seizures
  - ☐ Other characteristics not mentioned (Please specify):
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- ☐ Attracted to Water
- ☐ Aggressive
- ☐ Noise Sensitivity
- ☐ Light Sensitivity
- ☐ Touch Sensitivity
- ☐ Dietary Concerns

**Information Specific to the individual:**

Favorite locations, attractions, or nearby water sources where the individual may be found or previously found:

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Identification Information (does the individual carry or wear jewelry, tags, ID card, medical alert bracelets, etc.):

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Tracking Information (does the individual have Project Lifesaver or LoJack SafetyNet Transmitter number, etc.?) and home security measures:

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Atypical behaviors or characteristics of the individual that may attract the attention of first responders?

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CIRCLE appropriate communication mode and list effective means: **VERBAL** preferred words, sounds, songs, or phrases they may respond to, etc....or **NON-VERBAL** preferred sign language, picture boards, written words, etc.

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Calming Methods, and any additional information helpful to first responders:

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Other co-occurring medical conditions (allergies, asthma, diabetes, congenital heart failure, Parkinson's, etc.):

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Prescription Medications needed (if any):

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Description of Sensory Sensitivity or Dietary Concerns (if any):

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Individual's favorite objects, music, discussion topics, toys, likes, or dislikes:

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Special considerations/additional information:

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### **Emergency Contact Information:**

Name of Emergency Contact (Parents/Guardians, Head of Household/Residence, Care Providers, etc.):

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Emergency Contact's Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Emergency Contact's Phone numbers:

Home: \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work: \_\_\_\_\_

Name of Alternative Emergency Contact: \_\_\_\_\_

Home: \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work: \_\_\_\_\_