

# Dickinson County 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 that is utilized by all Police, Fire and EMS agencies along with OCCK within Dickinson County. If you have a question regarding any portion of the form, send an email to [sjohnson@occk.com](mailto:sjohnson@occk.com).

## 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):

\_\_\_\_\_

**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
- Other (Please Specify) \_\_\_\_\_

**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
- Other (Please Specify) \_\_\_\_\_

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: \_\_\_\_\_

**Photo:**

We request that you include a recent photo of the individual, please email a digital version (.png or .jpg format) of a recent photo of the individual that includes only their head and shoulders to [sjohnson@occk.com](mailto:sjohnson@occk.com). Make sure to include the individual's name and date of birth in the email. If you need assistance with getting a recent photo please reach out to OCCK either by email at

[sjohnson@occk.com](mailto:sjohnson@occk.com) or by phone at (785) 263-2208 and they will be happy to assist you

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 Dickinson County Emergency Communication Center to create an alert utilizing the above information and consent to that information being shared with the Law Enforcement, Fire, Emergency Medical Services and OCCK of Dickinson County.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_