



**Santa Clara Police Department  
SPECIAL NEEDS AWARENESS PROGRAM (SNAP)  
PERSON-SPECIFIC INFORMATION FOR FIRST RESPONDERS**

Date Submitted: \_\_\_\_\_

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

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

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

Does the Individual live alone?  Yes  No Cell Phone: \_\_\_\_\_

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_ LP: \_\_\_\_\_ D/L: \_\_\_\_\_

Attach current  
photo here

**INDIVIDUAL'S PHYSICAL DESCRIPTION**

Gender:	Height:	Weight:	Hair Color:	Eye Color:
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Scars, marks, or tattoos:

<p>Relevant Medical Conditions / Behaviors / Special Needs (<i>check all that apply</i>):</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Speech Impaired</li> <li><input type="checkbox"/> Visually Impaired</li> <li><input type="checkbox"/> Hearing Impaired</li> <li><input type="checkbox"/> Non-verbal</li> <li><input type="checkbox"/> Seizure disorder</li> <li><input type="checkbox"/> Cognitive Impairment</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Cerebral Palsy</li> <li><input type="checkbox"/> Down Syndrome</li> <li><input type="checkbox"/> Parkinson's</li> <li><input type="checkbox"/> Alzheimer's/Dementia</li> <li><input type="checkbox"/> Autism</li> <li><input type="checkbox"/> Asperger's</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Mood Disorder</li> <li><input type="checkbox"/> Other (<i>please explain</i>):</li> </ul> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
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Additional Information First Responders may need:

<p>Special Considerations:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Responds well to verbal commands</li> <li><input type="checkbox"/> Responds well to touch</li> <li><input type="checkbox"/> Speech delay</li> <li><input type="checkbox"/> ASL (American Sign Language)</li> <li><input type="checkbox"/> Other language _____</li> <li><input type="checkbox"/> Light sensitivity</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Sound sensitivity</li> <li><input type="checkbox"/> Wheelchair/walker/cane</li> <li><input type="checkbox"/> Tendency to wander</li> <li><input type="checkbox"/> Tendency to hide</li> <li><input type="checkbox"/> Combative/aggressive</li> <li><input type="checkbox"/> Prescription medication</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Other (<i>please explain</i>):</li> </ul> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
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## EMERGENCY CONTACT INFORMATION

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

Emergency Contact Address (*Street, City, State, Zip*):

Emergency Contact E-Mail Address:

Emergency Contact Phone Numbers:

*Home:*

*Work:*

*Cell Phone:*

Name of Alternate Emergency Contact:

Alternate Emergency Contact Phone Numbers:

*Home:*

*Work:*

*Cell Phone:*

## ADDITIONAL INFORMATION

Method of Preferred **NON-VERBAL** Communication (*sign language, picture boards, written words, communication devices, iPads, etc.*):

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 where it is located (*i.e., Does the individual carry or wear jewelry, tags, ID card, medical alert bracelets, etc?*):

Tracking Information (*Does the individual have any tracking devices?*):

By submitting this information, I consent to sharing of the information on this form to public safety professionals only. This information will be otherwise kept confidential and is not subject to disclosure to outside parties.

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