

City of Brookfield Police Department

SPECIAL NEEDS ALERT FORM

Date Submitted: _____

PERSON-SPECIFIC INFORMATION FOR FIRST RESPONDERS

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



INDIVIDUAL'S PHYSICAL DESCRIPTION

<input type="checkbox"/> Male <input type="checkbox"/> Female	Height:	Weight:	Eye Color:	Hair Color:
---	---------	---------	------------	-------------

Scars or other identifying marks:

Primary Diagnosis/Disability:

Other Relevant Medical Conditions / Behaviors in addition to Primary Diagnosis/Disability (*check all that apply*):

- No Sense of Danger
- Blind
- Deaf
- Non-Verbal
- Prone to Seizures
- Cognitive Impairment
- Combative/Aggressive
- Hallucinations
- Delusions
- Other (*please explain*): _____

Prescription Medications Needed:

Sensory or Dietary Issues, if any:

Additional Information First Responders may need:

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 Phone Numbers:

Home:	Work:	Cell Phone:
-------	-------	-------------

Name of Alternate Emergency Contact:

Home:	Work:	Cell Phone:
-------	-------	-------------

SPECIAL NEEDS ALERT FORM - Continued

INFORMATION SPECIFIC TO THE INDIVIDUAL

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

Method of Preferred **VERBAL** Communication (preferred words, sounds, songs, phrases they may respond to):

Actions that calm or de-escalate:

Actions that may trigger outbursts:

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?*):

SUBMITTED BY (*Parent/Guardian*): _____