

**The Cheshire Police Department
500 Highland Ave
Cheshire, CT 06410
(203) 271-5500
INDIVIDUALS WITH SPECIAL NEEDS
QUESTIONNAIRE**

Please take the time to fill out the following three pages completely and as accurately as possible and return it to the Cheshire Police Department. Our goal is to supply responding Police, Fire, and Ambulance personnel with current/accurate information in order to deal with your emergency in a caring and professional manner.

NOTE: Please complete form and return it to the Cheshire Police Department at the address above. Please include a recent photograph if possible.

Photo ID's can also be produced after the return of the registry by appointment: Please contact Ofc. Gretchen Ovesny (203)271-5576 or govesny@chshirect.org

Circle One: New Registry Update to existing Registry

DESCRIPTION OF SPECIAL NEEDS:

Medical Condition or description of special need:

Name of child/adult: _____ D.O.B. _____ Sex _____
_____ Race _____ Address: _____
_____ Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____
_____ Nicknames: _____ Glasses or
Hearing Aide _____
Scars, Marks, Tattoos, Piercings: _____

ID Wear: jewelry tags on clothes printed handout card tracking monitor
 Other _____

Parent or Guardian Name: _____
Home # () _____ Cell #() _____ Work #() _____
Pager # () _____ email address: _____
Parent or Guardian Name: _____
Home # () _____ Cell #() _____ Work #() _____
Pager # () _____ email address: _____

ADDITIONAL CAREGIVER:

Name: _____
Address: _____
Home #:() _____ Cell #:() _____ Work #:() _____
Pager # () _____ email address: _____

EMERGENCY CONTACT:

Name: _____
Address: _____
Home #:() _____ Cell #:() _____ Work #:() _____
Pager # () _____ email address: _____

METHOD of COMMUNICATION:

Child communicates verbally

If non-verbal, the best way to communicate with the child is:

sign language picture boards written word

other _____

MEDICAL CARE PROVIDERS:

Physicians Name: _____ Phone #() _____

Address: _____

Physicians Name: _____ Phone #() _____

Address: _____

Dentist Name: _____ Phone #() _____

Address: _____

CURRENT PRESCRIPTIONS (including dosage):

SENSORY, MEDICAL, or DIETARY ISSUES and RECOMMENDATIONS:

INCLINATION FOR WANDERING AND ANY "A" TYPICAL BEHAVIORS or CHARACTERISTICS THAT MAY ATTRACT ATTENTION:

FAVORITE ATTRACTIONS, LOCATIONS WHERE PERSON MAY BE FOUND:

LIKES, DISLIKES, APPROACH and DE-ESCALATION TECHNIQUES:

ANY OTHER PERTINENT INFORMATION:

The under signed parent / guardian authorizes the information contained in this questionnaire to be entered into a computer database that may be utilized by emergency personnel.

Print Name

Signature

Date

Below for police use only

Received By CPD: Date: / / By: _____

Entered Into System: Date: / / By: _____

Logged into Shift Cmdrs Binder: Date: / / By: _____