



Lighthouse Police Department

Special Needs Individual

Information Form

(All Cognitive Disorders)



Special Needs Individual's Name: _____

Individual's preferred name or nickname: _____ DOB: _____ Age: _____

Individual's Place of Residence: _____ (Number and Street): _____
_____ (City, State, Zip Code): _____

Business/Condo/Apartment Complex Name: _____

Individual's Cell Phone Number: _____

PHYSICAL DESCRIPTION OF INDIVIDUAL Approximate Height and Weight are acceptable.	PHOTOGRAPH OF INDIVIDUAL The attached photograph should depict the individual from the shoulders up, like a school yearbook photograph.
<p>Gender: _____</p> <p>Race: _____</p> <p>Hair Color: _____</p> <p>Eye Color: _____</p> <p>Approximate Height: _____</p> <p>Approximate Weight: _____</p> <p>In the space provided below, please describe any Scars, Marks, Tattoos, etc. that may be helpful in identifying the special needs individual.</p>	



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EMERGENCY CONTACT PERSON FOR SPECIAL NEEDS INDIVIDUAL

Name: _____

Address: _____

Telephone Number: _____ Additional Telephone Number: _____

Email Address: _____

ALTERNATE EMERGENCY CONTACT PERSON FOR SPECIAL NEEDS INDIVIDUAL

Name: _____

Address: _____

Telephone Number: _____ Additional Telephone Number: _____

Email Address: _____

PLEASE LIST ALL COGNITIVE DISORDERS (NEUROCOGNITIVE AND/OR DEVELOPMENTAL)

Disorder Name	Diagnosed by a Physician?	Physician's Name and Telephone Number	
1.		Name: _____	# _____
2.		Name: _____	# _____
3.		Name: _____	# _____
4.		Name: _____	# _____
5.		Name: _____	# _____
6.		Name: _____	# _____

Physicians will only be contacted during an emergency, and only for information critical to an active investigation.

OTHER NOTEWORTHY MEDICAL CONDITIONS (DIAGNOSIS AND/OR BRIEF DESCRIPTION)

This section should include other conditions such as; no sense of danger, blind or vision issues, deaf or hearing issues, nonverbal communicator, mental retardation, prone to seizures, other cognitive impairment.

SPECIAL NEEDS SPECIFIC INFORMATION

Please list favorite local attractions or locations where the individual may go.



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Please list favorite attractions or locations where individual may travel to.

External stimuli that may attract the individual.

Favorite toys, objects, music, discussion topics, likes or dislikes.

Preferred method of communication. (Preferred words or phrases, sounds, songs, gestures, etc.)

Identifying Information. (jewelry, special tags, ID card, medical alert bracelets, etc.)

Tracking device. (Project Lifesaver, LoJack Safety Net Transmitter Number, or similar technology)