



# 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: \_\_\_\_\_

<b><u>PHYSICAL DESCRIPTION OF INDIVIDUAL</u></b> Approximate Height and Weight are acceptable.	<b><u>PHOTOGRAPH OF INDIVIDUAL</u></b> 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)

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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)**