



# S.A.F.E.R. Program Special Needs Registry Application Form



S.A.F.E.R. is a voluntary special needs registry program established to assist first responders when they encounter persons of various physical, intellectual, or developmental abilities. Personal information provided about a participant will only be shared with emergency personnel when a potential interaction arises. This will assist in producing a more positive interaction between those who may have unique needs and first responders such as the police department, fire department, and paramedics while yielding an overall S.A.F.E.R. environment for all parties involved.

**Full name of participant**

**Nickname or preferred name**

**Phone number of participant**

**Home address** (Street Address, City, State, Zip Code)

**Email address of participant or family member**

**Birthdate** (MM/DD/YYYY)

**Race or Ethnicity**

**Sex**  Female  Male

- White (Non-Hispanic)
- White (Hispanic)
- Black/African American
- Native American/American Indian
- Asian/Pacific Islander
- Other: \_\_\_\_\_

**Height** (X'XX") \_\_\_\_\_

**Weight:** \_\_\_\_\_

**Eye Color:**

**Primary Hair Color**

- Blue
- Brown
- Green
- Hazel
- Other: \_\_\_\_\_

- Bald
- Grey
- Black
- Blonde
- Red
- Brown
- Other: \_\_\_\_\_

**Physical Features:**

- Facial Hair (specify in the next question)
- Glasses
- Piercings (specify in the next question)
- Scars/Marks/Tattoos (specify in the next question)
- None
- Other: \_\_\_\_\_

**Any specifics from the previous question and/or additional physical features that might help identify the participant**

**Does the participant own or frequently drive a vehicle?**

Yes  No

**If the member owns, drives, or frequently rides in a vehicle, please provide the vehicle description along with the license plate number below.**

**Identified Disability/Special Need Diagnosis**

Select all that apply - Details can be entered in the next question

- Alzheimer's/Dementia
- Asperger's/Autism Spectrum Disorder
- Down syndrome
- Emotional/Behavioral Disorder
- Hearing/Vision/Speech Impairment
- Mental Illness
- Mobility impairment
- Other: \_\_\_\_\_

**Please describe the diagnosis/special needs details below:**

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**Emergency contact for the participant (minimum of 2 if possible)**

Please include: Name- Relationship to the member- Phone Number (multiple contact numbers if possible) - Address- Does this person have access/key to the participant's residence?

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**Participant's place of employment, educational facility, or location they regularly visit**

Provide the name of the facility and address (EX. attends school at Linda Nolen Learning Center, 2280 Highway 35, Pelham)

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**Does the participant wear any special identifiers or supplies?**

Please check all that apply

- ID Bracelet
- ID Necklace Insulin/Pump
- Oxygen Tank/Canister
- Special Needs ID card
- None
- Other: \_\_\_\_\_

**Preferred Language**

- English
- Spanish
- Other: \_\_\_\_\_

**Communication method**

- Gestures
- Non-Verbal
- Sign Language
- Talks in simple sentences Verbal
- Written only
- Typical verbal communication
- Communication board

**Safety Concerns to responders**

Select all that apply - Details can be entered in the next question

- Access to medications
- Access to weapons (guns, knives, etc.) in home or carried on person
- Pets in the residence
- Hostile towards police or first responders
- Violent tendencies
- None
- Other: \_\_\_\_\_

**If you selected any of the above safety concerns, please include details below**

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**Is there a hidden key, access code, or any other way to make entry to the residence if necessary?**

Yes  No  Other: \_\_\_\_\_

If yes, please provide details in the next question

**If you answered YES to the prior question regarding entry to the home, please provide details below**

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**Please provide a detailed description of the bedroom location in the home, if the member is physically disabled (in the event there is a fire or other type of emergency evacuation situation)**

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**Where are some of the participant's favorite places to visit or things to do?**

EX. bodies of water, parks, pet animals, a friend or family's home, a specific location or activity.

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**Has the member gone missing or wandered off before?**  Yes  No

**If they have wandered or gone missing before, where were they located?**

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**Does the participant have sensory issues?**  Yes  No

If yes, please provide details in the next question

**What type of sensory issues?**

Please describe in as much detail as possible

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**Are there any triggers that affect the participant's behavior?**  Yes  No

Examples can include but are not limited to loud noises, sirens, bright lights, etc.

**If you answered "yes" to triggers above, please list them along with the behavior that follows**

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**What calming methods or strategies can be used to help create a positive outcome with the participant?**

This can include but is not limited to de-escalation techniques, specific likes and dislikes, or any communication technique that could assist first responders

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**Does the participant have any life-threatening medical concerns?**

- |                                   |                                                              |
|-----------------------------------|--------------------------------------------------------------|
| <input type="checkbox"/> None     | <input type="checkbox"/> Allergies (food or otherwise)       |
| <input type="checkbox"/> Asthma   | <input type="checkbox"/> Blood disorders                     |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Pacemaker or internal defibrillator |
| <input type="checkbox"/> Seizures | <input type="checkbox"/> Other: _____                        |

**If you answered yes to life threatening medical concerns above, explain below**

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**Is the participant under a doctor's care?**      Yes     No

**What is the doctor's name and contact information?**

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**What is the preferred hospital if transport is necessary?**

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**Name of the person completing this questionnaire if not the participant**

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**What is your relation to the participant?**

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**Contact information**

Home address, Phone numbers (indicate landline or mobile), Email address

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**How will you submit a picture of the participant to the S.A.F.E.R. Program Coordinator?**

- Email? [Photo@SaferFirst.org](mailto:Photo@SaferFirst.org)
- Submit a link below (such as google photos or Facebook)
- Request a new image be taken by the S.A.F.E.R. representative
- Attach a photo to this application.

**If there is any additional information about the participant you believe will assist first responders when they engage with the member, please add it here:**

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