



NEW HARTFORD POLICE DEPARTMENT
SPECIAL NEEDS ALERT FORM

PERSON SPECIFIC INFORMATION FOR FIRST RESPONDERS

Individual's Name: _____
(Last) (First) (Middle)

Address: _____

Date of Birth: _____ Preferred or Nickname: _____

Does the Individual Live Alone? Yes No

Attach Photo
Here

PHYSICAL DESCRIPTION

Gender:	Height:	Weight:	Eye Color:	Hair Color:
Scars or Other Identifying Marks:				
Primary Diagnosis / Disability:				
Relevant Medical Conditions/Behaviors in addition to Primary Diagnosis/Disability (check all that apply)				
<input type="checkbox"/> No Sense of Danger	<input type="checkbox"/> Blind	<input type="checkbox"/> Deaf	<input type="checkbox"/> Non-Verbal	<input type="checkbox"/> Uses Sign Language
<input type="checkbox"/> Seizures	<input type="checkbox"/> Cognitive Impairment	<input type="checkbox"/> Combative/Aggressive	<input type="checkbox"/> Tracking Device (specify below)	
Other (please specify): _____				
Medications Needed:				
Sensory and/or Dietary Restrictions:				
Additional Information First Responders May Need:				
Individual's Likes/Dislikes and Hobbies:				

EMERGENCY CONTACT INFORMATION

Name of Emergency Contact:		
Address of Emergency Contact:		
Phone Number of Emergency Contact:		
Home:	Cell:	Work:
Alternate Emergency Contact Name:		
Alternate Emergency Contact Address:		
Alternate Emergency Contact Phone Number		
Home:	Cell:	Work:

**Keep one copy at home or in vehicle and Drop Off / Mail second copy to: New Hartford Police
Department 8635 Clinton Street New Hartford, NY 13413
or Email to DLS175@newhartfordpd.com**