



ENTERPRISE POLICE DEPARTMENT
PROJECT S.N.A.P.
(SPECIAL NEEDS ASSISTANCE PROGRAM)



PERSONAL INFORMATION

NAME: _____ NAME TO CALL ME: _____
DOB: _____ HAIR COLOR: _____ EYE COLOR: _____ RACE: _____ SEX: _____
HEIGHT: _____ WEIGHT: _____ TELEPHONE: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP CODE: _____
DISABILITIES/SPECIAL NEEDS: _____

EMERGENCY CONTACT INFORMATION

1. NAME: _____ PHONE: _____
EMAIL ADDRESS: _____
ADDRESS: _____
RELATIONSHIP: _____
2. NAME: _____ PHONE: _____
EMAIL ADDRESS: _____
ADDRESS: _____
RELATIONSHIP: _____

PHOTO

PHOTO

ADDITIONAL PARTICIPANT INFORMATION

Location where the individual travel to or favorite attractions:

Characteristics that may attract attention (atypical behaviors):

Individual's favorite likes or dislikes (toys, objects, music, discussion topics, etc.):

Preferred method of communication (if nonverbal, sign language, picture, written words, etc.):

Identification information (i.e. does the individual wear jewelry, tags, ID cards, medical alert bracelets, etc.):

Tracking information (does the individual have a tracking device or carry a phone to track):

Recommended approach and de-escalation techniques:

By completing this Form, I acknowledge that the information provided herein is accurate and is submitted voluntarily for the purpose of assisting Police with responding to incidents involving special needs persons. I, therefore, authorize the use of this information for those purposes and release any claim in law and/or equity against the City of Enterprise and its employees related thereto. If the information on this Form is considered related to an incident, it may be considered along with other relevant sources of information, and subject to applicable police procedures, when police are responding to an incident. I understand that this form is simply an attempt to provide police with information that may be helpful when responding to an incident. I verify that the statements made on this Form are true and correct and that I have the legal authority to provide this Form. Further, I agree that the information on this Form may be released by the police to other relevant agencies/personnel if necessary related to an incident.

Signature

Date

Witness

Return completed form to
Enterprise Police Department
Office of the Chief
501 S. Main St.
Enterprise, AL 36330