



# BEDFORD POLICE DEPARTMENT

## Special Needs Awareness Form



### Individual Information

Name of individual with special needs: \_\_\_\_\_ Nickname: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age at time of photo: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

Does the individual live alone? Yes \_\_\_ No \_\_\_

Name & Relationship of Individual Submitting Form: \_\_\_\_\_

Name of Parents/Primary Caregiver: \_\_\_\_\_

Parent/Caregiver Phone # & E-mail: \_\_\_\_\_

Additional Emergency Contact: \_\_\_\_\_

### Physical Description & Medical Needs

Gender: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

Scars/Identifying Marks: \_\_\_\_\_

What makes this individual unique?: \_\_\_\_\_

Relevant Medical Conditions/Special Needs: \_\_\_\_\_

Prescription Medication: \_\_\_\_\_

Allergies/Dietary Restrictions: \_\_\_\_\_

Sensory Issues: \_\_\_\_\_

Additional Information First Responders May Need: \_\_\_\_\_





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### Specific Individual Information

Specific fears or triggers: \_\_\_\_\_  
\_\_\_\_\_

Favorite attractions/locations where individual may be found if missing: \_\_\_\_\_  
\_\_\_\_\_

Atypical behaviors/characteristics of the individual that may attract the attention of first responders:  
\_\_\_\_\_  
\_\_\_\_\_

Individual's favorite toys/ objects, music, discussion topics, likes/dislikes, etc.: \_\_\_\_\_  
\_\_\_\_\_

If verbal, desired communication (e.g. preferred words, sounds, songs, phrases they may respond to):  
\_\_\_\_\_  
\_\_\_\_\_

If non-verbal, desired communication (e.g. sign language, picture boards, written words, etc.):  
\_\_\_\_\_  
\_\_\_\_\_

Identification information (i.e. jewelry, tags, ID cards, medical alert bracelets): \_\_\_\_\_

Tracking Information (i.e. Life Alert, Project Lifesaver, or other monitoring alert system): \_\_\_\_\_

Please submit completed form with photograph to:

**Bedford Police Department**  
**Attn: Communications Department**  
**55 Constitution Drive**  
**Bedford, NH 03110**  
**or e-mail to: [dispatch@bedfordnh.org](mailto:dispatch@bedfordnh.org)**

For Police Use Only    Date Received: \_\_\_\_\_    Is this an update/renewal?    Yes    No