**Hernando Police Department**

**2601 Elm Street**

**Hernando, MS 38632**

**Phone: (662)429-9096**

**Fax: (662)449-3350**

**Special Needs Registration**

This form is confidential and voluntary. Submitting information may help emergency personnel when responding to calls within the city regarding an individual with special needs. Forms may only be submitted by immediate family and/or caretakers of the individual with special needs.

Information such as: favorite toys, names most likely to generate a positive response, reinforcers that are used, suggestions for de-escalation and/or cooperation (i.e., likes to hold certain object). Please include any information as WHAT NOT TO DO (i.e.: physical and/or direct eye contact, bright lights, loud noises, etc.)

Complete and return this form to the address above.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name of Individual (Last, First, Middle) | | | | Date of Birth | | | Phone | |
|  | | | |  | | |  | |
| Address | | | | | | | | |
|  | | | | | | | | |
| Height | Gender | | Weight | | | Hair Color | | Eye Color |
|  |  | |  | | |  | |  |
| Type of Disability or Special Need: | | | | | | | | |
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| Best Method of Approach | | | | | | | | |
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|  | | | | | | | | |
| Emergency Contact | | Phone Number | | | Address | | | |
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| Additional Information (if needed) | | | | | | | | |
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Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_