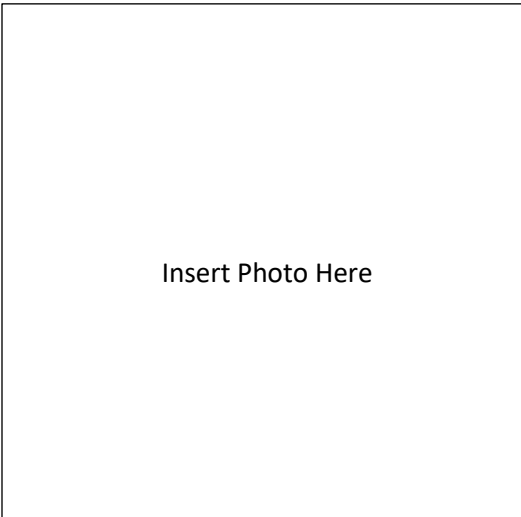


Gilford Police Department
Unique Needs Awareness Form
Person-Specific Information for First Responders



Individual's Name: _____
(First) (M.I) (Last)

Address: _____
(Street) (City) (State) (Zip)

DOB: _____ Age: _____ Nickname: _____

Does the individual live alone? Yes: _____ No: _____

Date Submitted: _____

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 Medications: _____

Allergies/Dietary Restrictions: _____

Sensory Issues: _____

Additional Information First Responders May Need: _____

Emergency Contacts:

Name: _____

Address: _____

Phone: _____

Alternate: _____

Name: _____

Address: _____

Phone: _____

Alternate: _____

Name: _____

Address: _____

Phone: _____

Alternate: _____

Gilford Police Department
Unique Needs Awareness Form
Person-Specific Information for First Responders

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 individual may respond to*):

If nonverbal, desired communication (*e.g., sign language, picture boards, written words, etc.*):

Identification information (*i.e., Does individual carry/wear jewelry, tags, ID cards, medical alert bracelets, etc.?*):

Tracking information (*i.e., Does individual have a Project Lifesaver, Life Alert, other monitoring alert system?*)

