

# Calhoun Police Department

## Special Needs Database

If filling out by hand, please print legibly.

### Special Needs Person

Adult

Juvenile

Name: \_\_\_\_\_ Nickname: \_\_\_\_\_  
last first middle

Birthdate: \_\_\_\_\_

### Physical Description

Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Complexion: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Build: \_\_\_\_\_

Hair Color: \_\_\_\_\_ Hair Style: \_\_\_\_\_ Facial Hair: \_\_\_\_\_

Tattoos/Scars/Birthmarks: \_\_\_\_\_

Other physical features: \_\_\_\_\_

### Special Needs Information

Primary Diagnosis \_\_\_\_\_

Secondary \_\_\_\_\_

Documented attraction to water?	Yes	No	Can he/she swim?	Yes	No	Sensitivity to lights/sounds?	Yes	No
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Please describe sensitivities:

How does he/she communicate? \_\_\_\_\_

Triggers

Calming techniques

Additional medical conditions

Information that would help officers better interact with individual

**Contact Information**

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
School (if applicable): \_\_\_\_\_ School phone/best contact: \_\_\_\_\_

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**Caregiver/Emergency Contact**

Name: \_\_\_\_\_  
last first middle

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

**Please provide a photograph of special needs person. Please notify us if there are any changes to the above.**

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## Acknowledgement

I acknowledge that by checking the box below that the information being provided is truthful, current and valid and that am authorized to submit it on my own behalf or as the legal guardian with authority to submit it on behalf of another. I further understand that by enrolling myself or someone else in the Calhoun Police Department "Special Needs Registry" that the personal information entered may be used by emergency personnel, including, but not limited to, law enforcement officers, emergency medical services (first aid/paramedics), and fire department personnel in the event of a personal emergency or other emergency situation. I also acknowledge that it will be my responsibility to keep the information on the registry up to date.

It is further understood that completion of this form and participation in the Calhoun Police Department "Special Needs Registry" is voluntary and cannot guarantee and is not intended to convey and warrant, either express or implied, as to outcomes, promises, or benefits from the use of this form and participation in this program. Use of the Calhoun Police Department "Special Needs Registry" constitutes acknowledgement and acceptance of these limitations and disclaimers.

I understand the above disclaimer (required)

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(Signature of the person filling out this form)

(Date)

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(Print Name)

**Please complete all pages of this application, scan and email along with your pictures to:**

**SpecialNeedsRegistry@calnet-ga.net**

**If you prefer to mail the application along with the pictures, send to:**

**Calhoun Police Department  
Attn: Special Needs Registry  
10 McDaniel Station Rd  
Calhoun, GA 30701**