



# Town of Center Harbor

## POLICE DEPARTMENT

36 Main Street, PO Box 140, Center Harbor, NH 03226

P: 603-253-9756 F: 603-253-8241 E: [chpd@centerharbornh.gov](mailto:chpd@centerharbornh.gov)

### Special Needs Awareness Form

#### Individual Information

Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

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

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

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

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

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

Parent/Caregiver Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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 for First Responders:

\_\_\_\_\_

\_\_\_\_\_

**Specific Individual Information**

Fears or Triggers:

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

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

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

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

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If non-verbal, desired communication (e.g. sign language, picture books, written words) they may respond to:

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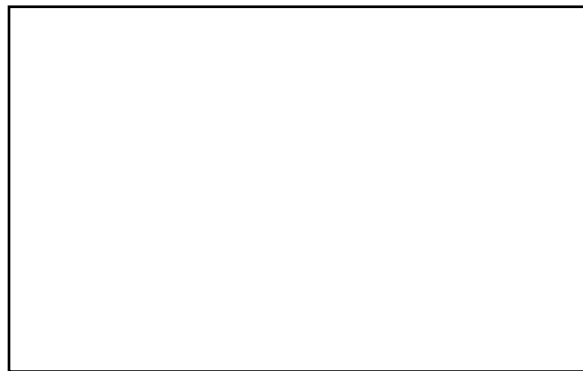
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Identifiable information (e.g. jewelry, tags, ID cards, medical alert bracelets):

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Tracking information (e.g. Life Alert, Project Lifesaver):

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Photo

For police Use Only    Date Received: \_\_\_\_\_ CFS: \_\_\_\_\_