



**Berlin Residents of Special Needs**  
**Special Needs Alert Program**  
**(SNAP)**

The Berlin Police Department is implementing a program that will aid Law Enforcement Officers in contacting and locating the residents of Berlin with special needs. Law Enforcement agencies across the United States have implemented this program with great success. This program is available for individuals who live, work and regularly frequent in the Town of Berlin.

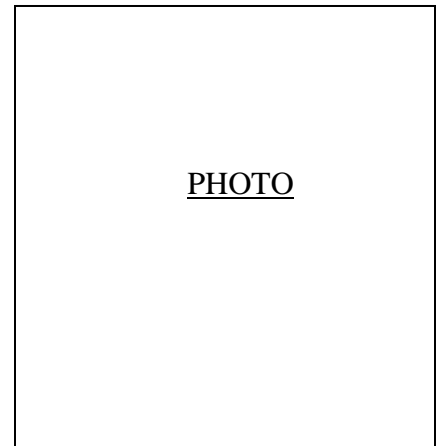
By completing this form, you are providing the Berlin Police Department with the necessary and crucial information that will assist the agency in providing the best care during emergencies. You can provide us with as much information as you deem necessary. The program can assist individuals with all types of special needs to include, but not limited to: Alzheimer's, Autism, Down Syndrome, Dementia, and those with impaired Hearing & Vision.

The Berlin Police Department is striving to maintain our goal for a safer community and feel that SNAP is just another way of accomplishing that goal. If you have any questions concerning this program, please contact the Berlin Police Department at (410) 641-1333.

Please complete and return to the Berlin Police Department, 10 William St, Berlin, MD 21811.

Participant Information:

Last \_\_\_\_\_ First \_\_\_\_\_ M \_\_\_\_\_  
Address \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell \_\_\_\_\_  
DOB \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Sex \_\_\_\_\_  
Age \_\_\_\_\_ Race \_\_\_\_\_ Eyes \_\_\_\_\_ Hair \_\_\_\_\_



Parent/Guardian/Caregiver: (Circle One)

Date Photo Taken: \_\_\_\_\_

Last \_\_\_\_\_ First \_\_\_\_\_ M \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Emergency Contact#1 \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Emergency Contact#2 \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Over →

**Participant's Special Needs Information**

Check All That Apply: ( ) Hearing Impaired ( ) Blind ( ) Alzheimer's ( ) Immobility or Limited mobility ( ) Mute

Diagnosis/Condition(s) \_\_\_\_\_

Places Known to Frequent \_\_\_\_\_

Triggers/Dislikes \_\_\_\_\_

Calming Techniques \_\_\_\_\_

Distinguishing Marks/Traits \_\_\_\_\_

Interests/Favorite Things \_\_\_\_\_

School/Work Locations \_\_\_\_\_

Glasses/Hearing Aids/Medical Alert Bracelet (etc)? \_\_\_\_\_

Medications \_\_\_\_\_

Additional information to aid law enforcement in locating and/or contacting the participant:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*For Office Use Only:*

Officer \_\_\_\_\_ ID# \_\_\_\_\_ Date Submitted \_\_\_\_\_

Date Entered \_\_\_\_\_ By Whom \_\_\_\_\_