

Franconia Twp. Police Dept. In-House Special Needs Information Questionnaire

Special Needs Individual Information:							
Name (Last, First, Middle):							
Address:							
Home Phone:			Cell Phone:			Other Phone:	
Sex	Race	Height	Weight	Eye Color	Hair Color	Date of Birth	Age
Scars/Marks/Tattoos:					Nickname(s):		
Nature of Special Needs:							
Current Doctor(s)/Medical Care Professional:					Address & Phone:		
Does the individual live alone?		Can the individual walk unassisted?			Is he/she likely to wander off?		
Favorite locations where the individual may be found:							
Atypical behaviors or characteristics that may attract attention:							
Favorite toys, objects, discussion topics, likes or dislikes:							
Method of communication (if non-verbal; sign language, picture boards, written words, etc):						Primary Language	
ID Information (i.e. ID card, medical alert jewelry, tags, etc.):							
Additional Pertinent information:							
Emergency Contact Information: (Note: Please list at least two contacts. Use additional pages, if needed)							
Name (Last, First, Middle):						Relationship:	
Address:							
Home Phone:			Cell Phone:			Other Phone:	
Name (Last, First, Middle):						Relationship:	
Address:							
Home Phone:			Cell Phone:			Other Phone:	
****Please attach a current photo of the special needs individual****							
Name of person completing this application:					Relationship to individual with special needs:		
<p>Do you have a friend or loved one in Franconia Township who may need special assistance if they are involved in an emergency? The purpose of this form is to provide officers of the Franconia Township Police Department with specific information related to the individual with special needs, so that they may reference it in the event of an emergency. This form is voluntary and the information is kept strictly confidential. The resident is responsible for keeping this information current. For changes/additions/removal, please call the office: 215-723-6777.</p>							

FOR ALL EMERGENCIES: Dial 9-1-1