

ST. MARTIN PARISH SHERIFF'S OFFICE

SHERIFF BECKET BREAU



400 ST. MARTIN STREET | POST OFFICE BOX 247 | ST. MARTINVILLE, LOUISIANA 70582

Special Needs Registry

Please print all information.

Name of Person with Special Needs:

(Last Name)

(First Name)

Nickname (or name most likely to respond to):

Home address:

Work / School Name and Address:

Special Needs - Check ALL that apply.

- | | | |
|---|---|---|
| <input type="checkbox"/> Alzheimer's | <input type="checkbox"/> Autism | <input type="checkbox"/> Deaf/Hard of Hearing |
| <input type="checkbox"/> Developmental Disability | <input type="checkbox"/> Downs Syndrome | <input type="checkbox"/> Mental Illness |
| <input type="checkbox"/> Vis ion Impaired | <input type="checkbox"/> Other (explain): | |

Physical Description - Please attach photo.

Date of Birth:	Sex:	Race:
Hair color:	Weight:	Build:
Eye color:	Hair style:	Facial hair:
Scars/marks/tattoos:		Height:

Communication Needs

Method of communication:

Favorite attractions/locations where person may be found: Best method of approach:

Medical concern:

Any other relevant information: (favorite toys, suggestion for de-escalation, what not to do, etc.)

Emergency Contact Information

Legal Guardian: Relationship:
Primary Phone #: Secondary Phone #:
Address:

Secondary Contact Relationship:
Primary Phone # Secondary Phone #:
Address:

Registered By: Relationship:
Primary Phone #
Address:

Signature Date:

Initial You have authorized the St. Martin Parish Sheriffs Office (SMSO) to collect information that can identify you and/or a person with a special need. Such identifying information may include name, date of birth, address and other similar information referred to as "personal data" when it is voluntarily submitted. The SMSO will only use personal data provided to respond to requests made of us and/or emergencies regarding person named with special needs.

Initial You acknowledge that information provided will be entered into St. Martin Parish Communication District (911 Center) computer system to alert public safety responders that the listed person has special needs that may prevent them from communicating and/or responding during an emergency.

Initial It is acknowledged that it is your responsibility to ensure that the information collected is current and valid, and that the SMSO will be notified in writing of any changes.

Deputy Signature: Date: