



# GRIFFITH POLICE DEPARTMENT

## Special Needs and

## Disability Notification Form

**Instructions:** This form is to be completed by the parent/guardian or power of attorney of any Griffith resident with a diagnosed disability with the purpose of making the Griffith Police Department aware of the disability for notification purposes in our computer system. Please return this form to the Griffith Police Department's Records Division.

SPECIAL NEEDS PERSON INFORMATION:     New     Updated     Renewed

Name \_\_\_\_\_ DOB \_\_\_\_\_

Residential Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home telephone \_\_\_\_\_ Cell telephone \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Relationship \_\_\_\_\_ Telephone \_\_\_\_\_

Employer/School \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_

Physician \_\_\_\_\_

Physician Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_

Special Needs: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Considerations During Interaction (use additional sheet if necessary): \_\_\_\_\_

\_\_\_\_\_

Request For basic needs, financial assistance, social services, and/or mental health referral (use additional sheet, if necessary): \_\_\_\_\_

\_\_\_\_\_

SUBMITTER INFORMATION (if different than above, must be a parent/guardian/custodian or appointed legal representative):

Name \_\_\_\_\_

Residential Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home telephone \_\_\_\_\_ Cell telephone \_\_\_\_\_

The information gathered as part of Special Needs and Disability Awareness Program shall remain strictly confidential. The information shall be used only to provide assistance to emergency medical and police responders, when it is made available to them during a call. The undersigned acknowledges that the information provided will not result in any type of preferential treatment to the individual and that the Griffith Police Department, its police officers and any other responding agencies will not be held liable for additional duties relating to information provided herein.

I understand and agree to these terms hereby grant permission for the Griffith Police Department to enter the information included in this form onto the listed individual's name file in the police department's database for safety purposes. I understand that if any of the above information changes I must notify the Griffith Police Department by filing an amended request form. The information will self-expire 2 (two) years from the date received by the Griffith Police Department and I must renew the form if I want the information kept in the Database.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
DATE

\_\_\_\_\_  
RELATIONSHIP TO INDIVIDUAL

FOR OFFICE USE ONLY:

Date Received: \_\_\_\_\_

Received by: \_\_\_\_\_

Date Entered: \_\_\_\_\_

Entered by: \_\_\_\_\_