



Identification Registration – Special Needs Community Members

Citrus Heights Police Department, 6315 Fountain Square Drive, Citrus Heights, CA 95621, (916) 727-5500

Confidential Document - Law Enforcement Use Only

Personal Information

Name of individual with special needs: _____

Street address: _____

Residence type: House Duplex Apartment Mobile home / trailer

Name of apartment complex / mobile home park _____

Home phone: _____

Work phone: _____

Cell phone: _____

Email: _____

Sex: Male Female

Date of birth: _____

Hair color: _____ Eye color: _____

Height: _____ Weight: _____

Language(s) spoken: _____

Ethnicity: _____

Responsible Party / Caregiver Information

#1 Name of caregiver: _____

Date of birth: _____

Address: _____

Relationship: _____

Phone number: _____

Cell: _____

#2 Other contact person: _____

Date of birth: _____

Address: _____

Relationship: _____

Phone number: _____

Cell: _____

#3 Other contact person: _____

Date of birth: _____

Address: _____

Relationship: _____

Phone number: _____

Cell: _____



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Care Requirements

Check all that apply:

- | | | |
|--|---|---|
| <input type="checkbox"/> Medical dependence on electricity | <input type="checkbox"/> Mental impairment | <input type="checkbox"/> Emphysema |
| <input type="checkbox"/> O2 concentrator, nebulizer | <input type="checkbox"/> Alzheimer's / Dementia | <input type="checkbox"/> Heart disease |
| <input type="checkbox"/> Feeding pump | <input type="checkbox"/> Respirator dependent | <input type="checkbox"/> Stroke |
| <input type="checkbox"/> Suction | <input type="checkbox"/> Bedridden | <input type="checkbox"/> Cancer |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Speech impairment | <input type="checkbox"/> Morbid obesity |
| <input type="checkbox"/> Assistance with administration of medications | <input type="checkbox"/> Visual impairment | |
| <input type="checkbox"/> Wheelchair user | <input type="checkbox"/> Hearing impairment | |
| <input type="checkbox"/> Cognitive impairment | <input type="checkbox"/> Service animal | |
| <input type="checkbox"/> Anxiety / Depression | <input type="checkbox"/> Dialysis dependent | |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Allergies: _____ | |

Photo(s)

(It is very important to have a current photo on file)

Emergency Contact Information

Name: _____ Phone(s): _____

Name: _____ Phone(s): _____

By signing this form you acknowledge you are voluntarily signing up to be on a police departments special needs list for the purpose of an emergency. This information will be kept confidential and used by Emergency Personnel only during an emergency and assist with the safety of you or the special needs individual named in this document.

Needs individual printed name: _____ Signature: _____ Date: _____

Care/Family member printed name: _____ Signature: _____ Date: _____