



Racine County Residents of Special Needs
Special Needs Alert Program
(SNAP)

The Racine County Sheriff's Office is implementing a program that will aid Law Enforcement Officers in contacting and locating the residents of Racine County 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 Racine County.

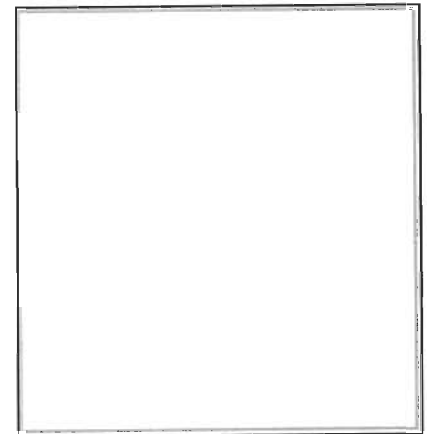
By completing this form, you are providing the Racine County Sheriff's Office with the necessary and crucial information that will assist the agency in providing the best care during emergencies. You can provide us with as much information as you deem necessary. The program can assist individuals with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

The Racine County Sheriff's Office 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 Racine County Sheriff's Office Dispatch Center at (262)886-2300.

Please complete and return to the Racine County Sheriff's Office, 717 Wisconsin Ave Racine, WI 53402.

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:

Date Entered _____ By Whom _____