



LAURENS CITY POLICE DEPARTMENT

SPECIAL NEEDS ASSISTANCE PROGRAM

About the Program

The Special Needs Assistance Program is an initiative of the Laurens City Police Department to allow members of our community to voluntarily identify those with Special Needs who live, work, or go to school in our community. The purpose is to promote communication and give Laurens City Police quick access to critical information about a person registered with the Special Needs Assistance Program in a police emergency. The program will capture information about those with ASD such as, a full description with photo, emergency contact information, likes/dislikes, communication techniques, and other information tailored to each individual, to assist in interactions with law enforcement. The information voluntarily provided to LPD will be used by officers in our response to calls for assistance that may involve those in our community diagnosed Special Needs. This may include a missing person, a medical emergency, a crisis situation, or other interactions with our agency.

How It Works

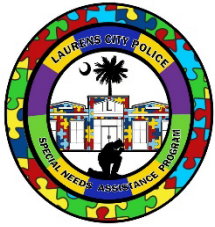
The voluntary registration can be completed by following the steps below, which includes filling out a form and including a current photograph of the person and submitting the requested documents.

Once received a member of the Laurens City Police Department will contact the first Emergency Contact to verify receipt of the registration. If we are unable to confirm with the first emergency contact the information will not be entered. Upon verification the information will be kept on file with the Laurens City Police Department. The information will then be provided to police personnel as needed in the performance of their duties. We encourage those registered to update us periodically as important information changes. Such as an address change, or a change in emergency contact information. We also ask if you can submit a new photo as the person registered ages.

How to Register

Click on the link below to fill out our online form. Note that there are certain mandatory fields that must be completed for all involved to successfully benefit from this program. Please confirm that the information is accurate before submitting. * You MUST remember to include a current photograph of the person when submitting the requested documents.

Please Send completed forms to snap@cityoflaurenscc.com



LAURENS CITY POLICE DEPARTMENT

SPECIAL NEEDS ASSISTANCE PROGRAM FORM

Guardians Name: _____ Phone Number: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Individuals Name: _____

Preferred Name: _____ Date of Birth: _____ Age: _____

Safe Person's Name: _____ Phone Number: _____

INDIVIUALS PHYSICAL DESCRIPTION:

Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____ Gender: _____

Scars or Identifying Marks: _____

MEDICAL INFORMATION: Diagnosis and Medical Conditions (Check all that apply)

Autism Spectrum Disorder

Cerebral Palsy

Deaf

Blind

Hearing Impaired

Asthma

Down Syndrome

Mental Health Disorder

Will Emergency lights trigger behavior? YES / NO

Will Siren trigger behavior? YES / NO

___ Visually Impaired
___ Prone to Seizures
___ Cognitive Impairment
___ Other: _____

PHOTO



BEHAVIOR TRAITS: (circle yes or no)

Verbal? YES / NO
Eye Contact? YES / NO
On Police arrival will there be fight or flight? YES / NO
Responds to Name? YES / NO
Delayed Speech? YES / NO
Impaired Sense of Danger? YES / NO
Responds to Verbal Commands? YES / NO
Repetitive Behavior? YES / NO

What will be the response to person in uniform? _____

List all Sensory Issues: _____

Likes? _____

Dislikes? _____

Non-Verbal Cues? (sign language/picture boards/written words) _____

Verbal Cues? (words/sounds/songs they may respond to, Etc.) _____

Any other additional information? (Wear jewelry, favorite toy, etc...) _____

Other Identification Information? _____

*The Laurens Police Department shall comply with obligations under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), Health Information Technology for Economic and Clinical Health ("HITECH") Act and any other relevant laws and regulations regarding privacy (collectively the "Privacy Rules"). The Laurens Police Department and its employees will be informed of your individual's information and will comply with all laws to the best of their ability.