

Grid no. \_\_\_\_\_  
Quadrant \_\_\_\_\_  
Administrative use  
only

# Special Needs Populations Registry

## Information about Person with Special Needs

### Confidential and Voluntary

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

NEW  UPDATE

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Nickname (if any) \_\_\_\_\_

Home Address: \_\_\_\_\_ Apt. \_\_\_\_\_

City: \_\_\_\_\_ St: \_\_\_\_\_ ZIP: \_\_\_\_\_

Does the individual live alone?  Yes  No

Is this a: Family home  Group home

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ TTY: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Male  Female

Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ lbs

Identifying Features (moles, scars, etc...) \_\_\_\_\_

Identification on Person (ID bracelet, necklace, tags, device): \_\_\_\_\_

**Special Need Population Qualification** (select all that apply):

- Disability  Limited English Proficiency  Economically Disadvantaged  Age
- Public Transportation Dependent  Isolated by Culture or Religion

Disability/Special Need: \_\_\_\_\_

Do you have a Service Animal?  Yes  No if so, please describe: \_\_\_\_\_

**Emergency Contact Information Describe:**

Contact Person(s): \_\_\_\_\_

Parent(s)  Guardian/Caregiver  spouse  other \_\_\_\_\_

Address: \_\_\_\_\_ Apt. \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ : ZIP: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ other: \_\_\_\_\_

Email Address (for administrative use, not emergency use): \_\_\_\_\_

**Alternate Emergency Contact Information:**

Contact Person(s): \_\_\_\_\_

Parent(s)  Guardian/Caregiver  spouse  other \_\_\_\_\_

Address: \_\_\_\_\_ Apt. \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ : ZIP: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ other: \_\_\_\_\_

Email Address (for administrative use, not emergency use): \_\_\_\_\_

**Communication Information:**

Primary Language: \_\_\_\_\_ Second Language: \_\_\_\_\_

Communication Method if non-verbal/low-verbal (picture cards, sign language, written words, communication device): \_\_\_\_\_

**What service is needed?** : Notification  Transportation  Resource Information  if Other, please describe: \_\_\_\_\_

**Medical Information:**

Please indicate the nature of the special need(s) and any medical condition(s) that may apply:

- Alzheimer’s Disease                       Autism/Asperser Syndrome                       Bipolar Disorder
- Cerebral Palsy                               Developmental Disability                       Diabetes
- Down Syndrome                               Emotional Disturbance Epilepsy                       Schizophrenia
- Hearing Impairment/Deaf                       Seizure Disorder                               Visual Impairment

Other Condition(s) \_\_\_\_\_

Physician Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Medication(s) and Dosage: \_\_\_\_\_

\_\_\_\_\_

Medical, Dietary, Sensory Issues and Requirements: \_\_\_\_\_

Medical Devices or Equipment Used: \_\_\_\_\_

\_\_\_\_\_

*I authorize the release of this information to Emergency Management/ Law Enforcement personnel for official use to help identify and assist me, my family member, ward or client during an emergency. It may also be used by CERT representatives for administrative purposes. I understand that completion of this form is voluntary and does not guarantee any special treatment. I acknowledge that I am responsible for the accuracy of the information and for updating the information when it changes or annually, and that it will be removed and destroyed if not updated after two years.*

**If you would like this information added to the Fire Department Premise Information for Emergency Response to your location, please check box:**

Name of person completing this form: \_\_\_\_\_

Relation, i.e., self, caregiver, parent: \_\_\_\_\_

Signature of Person completing form must be 18+years old      Date: \_\_\_\_\_

**Please mail forms to:**  
 Olathe Emergency Management  
 1225 Hamilton Circle, Olathe, KS 66061

**If you have any questions, please call:**  
 Olathe Emergency Management @ 971-7943.

**Optional:**  
 Attach Recent photo that  
 clearly shows person’s  
 facial features.