



West Springfield Police Department Persons With Special Needs Registration Form:



For more Information, call 413-263-3210

Name of Citizen with Special Needs:			
Date of Birth:		SSN# (optional)	
Primary Address:		Emergency Contact Phone Number:	
Gender:	Height:	Weight:	Build:
Race:	Hair Color:	Hair Type:	Eye Color:
Scars/Marks/Tattoos:			
List Special Need:		Additional Info to help Responders:	
Verbal/Non Verbal:		Attraction to Water, Heights, etc:	
Have they run away in past?		If yes, where were they located?	
Any Fear of Law Enforcement/Fire Dept?		Triggers? Example: lights/sirens/loud noises?	
If Combative/Upset, ways to calm the person?			
Legal Guardian 1:		Legal Guardian 2:	
LG 1: Phone Number/Address:		LG 2: Phone Number/Address:	
Emergency Contact Name if Different than Legal Guardian:			
Emergency Contact Address:		Relationship to Person:	
Name of Person filling out form (must present legal ID):		Relationship to Person with Special Needs:	
Signature of Person filling out form:		Date Submitted:	

Please include a recent photograph of the person. We encourage the public to update these yearly.