



**BOTHELL POLICE DEPARTMENT  
SPECIAL NEEDS ALERT FORM  
PERSON-SPECIFIC INFORMATION FOR FIRST RESPONDERS**

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

Individual's Name: \_\_\_\_\_  
(First) (M.I.) (Last)

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Does the Individual live alone? ☐ Yes ☐ No

Attach current  
photo here OR  
email to  
makayla.moss@  
bothellwa.gov

**\*\*All information provided is voluntary and not required by law. Information provided to the Bothell Police Department will be stored in a secure manner and will only be used if the person is contacted by Law Enforcement. This form can be turned into the Bothell Police Department (ATTN: MPO Moss), emailed to [makayla.moss@bothellwa.gov](mailto:makayla.moss@bothellwa.gov) or to the ABC.**

**INDIVIDUAL'S PHYSICAL DESCRIPTION**

<input type="checkbox"/> Male	<input type="checkbox"/> Female	Height:	Weight:	Eye Color:	Hair Color:
Scars or other identifying marks:					
Primary Diagnosis/Disability:					
Other Relevant Medical Conditions / Behaviors in addition to Primary Diagnosis/Disability ( <i>check all that apply</i> ):					
<input type="checkbox"/> No Sense of Danger	<input type="checkbox"/> Blind	<input type="checkbox"/> Deaf	<input type="checkbox"/> Non-Verbal		
<input type="checkbox"/> Prone to Seizures	<input type="checkbox"/> Cognitive Impairment	<input type="checkbox"/> Combative/Aggressive			
<input type="checkbox"/> Other ( <i>please explain</i> ): _____					
Prescription Medications Needed:					
Sensory or Dietary Issues, if any:					
Additional Information First Responders may need:					

**EMERGENCY CONTACT INFORMATION**

Name of Emergency Contact (Parents/Guardians, Head of Household/Residence, or Care Providers):		
Emergency Contact Address ( <i>Street, City, State, Zip</i> ):		
Emergency Contact Phone Numbers:		
Home:	Work:	Cell Phone:
Name of Alternate Emergency Contact:		
Alternate Emergency Contact Phone Numbers:		
Home:	Work:	Cell Phone:

## INFORMATION SPECIFIC TO THE INDIVIDUAL

Method of Preferred **NON-VERBAL** Communication (*sign language, picture boards, written words, communication devices, I-Pads, etc.*):

Method of Preferred **VERBAL** Communication (*preferred words, sounds, songs, phrases they may respond to*):

Frequent locations the individual may go to:

Atypical behaviors or characteristics of the individual that may attract the attention of Responders:

Individual's favorite toys, objects, music, discussion topics, likes or dislikes:

What is likely to help keep the individual calm?

Identification information, including where it is located (*i.e., Does the individual carry or wear jewelry, tags, ID card, medical alert bracelets, etc?*):

Tracking Information (*Does the individual have any tracking devices?*):

**SUBMITTED BY** (*Parent/Guardian*): \_\_\_\_\_

**\*\*I understand and acknowledge that there is no expectation that first responders have prior knowledge of the person or information contained in the special needs alert form. The information contained in the form will only be accessed after the contact situation has been controlled and the person identified. The information on the special needs alert form is intended only to assist first responders in follow-up communications with the person and notifying emergency contacts after the situation has been made safe and the person identified.\*\***