



PROVO POLICE DEPARTMENT SPECIAL NEEDS INFORMATION SHEET

For Provo City residents who have been identified by a medical professional or emergency responder as having a mental or intellectual disability that makes them at risk for becoming lost or wandering off.

GENERAL/CONTACT INFORMATION

Name _____
Address _____
Phone Number _____
Guardian _____
Guardian Address _____
Guardian Home Phone _____ Mobile _____
Work Phone _____ Alt. Contact Name and Number: _____

PHYSICAL DESCRIPTION

Age _____ Date of Birth _____ Sex: Male Female Eye Color _____
Hair Color/Length _____ Height _____ Weight _____
Ethnicity/Race _____ Does He/She Wear Glasses? Yes No
Scars/Marks/Tattoos _____
Medical Conditions/Physical Impairments _____
List Any Medications He/She is Currently Taking? _____

Briefly Describe the Disability _____

MISC. INFORMATION CURRENT PICTURE

List any hazards in the area of the primary residence (i.e. construction sites, bodies of water etc):

Is there any other important information we need to know? (Ex. Any medical locating device that they wear, any other community agencies involved with the individual, etc.)

Please e-mail this form and a picture to provopolicedispatch@provo.utah.gov. Updated pictures and forms may be sent to this same e-mail at any time. **This information will be kept strictly confidential and will only be used in emergency situations to assist in locating relatives/guardians for a special needs person.**