

# T-SNAP

## Trumbull Special Needs Awareness Program

*Making Trumbull's First Responders aware of your special needs*

#

(for office use)

Name (Last, First, MI):

Nickname:

Date of Birth (MM/DD/YYYY):

Home Address:

Home Phone:

Cell Phone:

# of persons living at home:

School / Facility Name and Address:

School / Facility Phone:

Times &amp; Days at School / Facility:

Race:

- Asian     American Indian  
 Black     Hispanic  
 White    Other:

Sex:

- Male  
 Female

Eye Color:

- Blue     Green  
 Brown     Hazel  
Other:

Hair Color/Style:

- Black     Brown  
 Blond     Gray  
Other:

Facial Hair:

- None  
 Mustache  
 Beard

Primary Language:

Secondary Language:

Scars, birth marks, tattoos or other identifying characteristics:

Identification information (i.e. Does the individual carry or wear jewelry, tags, ID cards, medical alert bracelets, etcetera?)

Relevant Medical Conditions:

- Allergies \_\_\_\_\_  
 Alzheimer's  
 Autism ( Hi /  Low Function)  
 Blind     Glasses     Contacts  
 Deaf  
 Dementia  
 Developmental Disability  
 Diabetes  
 Life Support  
 Mental Health Condition  
 Mental Retardation /  
Intellectually Disabled  
 Non-Verbal / Speech Impairment  
 Physical Disability

Medications:

Sensory issues:

- Light     Sound     Texture     Touch    Other:

Dietary issues:

- Liquid     Soft     Aspiration    Other:

Panic triggers:

- Noise     Yelling     Uniforms     Loud Sounds     Grabbing / Touching    Other:

Other medical conditions (please explain):

Location of bedroom or likely place to find individual in the household / residence:

Does the individual wander off:  Yes     No  
If yes, to where?**A.M.****P.M.**

Favorite attractions or locations where the individual may be found:

Preferred method of Communication:

If non-verbal:  Sign language     Picture boards     Written words

Individual's atypical behaviors or characteristics that may attract the attention of First Responders:

Best method of approaching individual:

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

Notes:

### Emergency Contact Information

Contact name:

Relationship:  Parent     Child     Sibling     Guardian     Head of household  
 Care Provider     Other:

Contact address:

Phone:

Home: (    ) -    Work: (    ) -

Cell: (    ) -    Pager: (    ) -

TTD/TTY: (    ) -    Other: (    ) -

Alternate Emergency Contact Information	
Contact name:	Relationship: <input type="checkbox"/> Parent <input type="checkbox"/> Child <input type="checkbox"/> Sibling <input type="checkbox"/> Guardian <input type="checkbox"/> Head of household <input type="checkbox"/> Care Provider <input type="checkbox"/> Other:
Contact address:	Phone: Home: ( ) - Work: ( ) - Cell: ( ) - Pager: ( ) - TTD/TTY: ( ) - Other: ( ) -

**Required Acknowledgment and Signature of Individual Completing and Submitting this Form:**

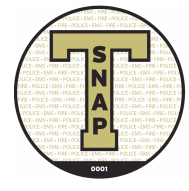
By completing this T-SNAP Form, I acknowledge that the information provided herein is accurate and was submitted voluntarily for the sole purpose of assisting Police, Fire and Emergency Medical personnel with more effectively responding to a potential emergency in or near my household/residence. I, therefore, authorize the use of this information for those purposes and to the maximum extent that I am empowered to do so, waive any claim in law and / or equity against any of the above mentioned responder(s) which I, or any of our representatives, descendants, or successors, might otherwise have arising from or related to the use or existence of the information provided herein. I understand that by providing this information on the T-SNAP Form does not entitle me or anyone in my household to preferential treatment, including a more timely response by emergency personnel. I also understand and agree that this information may be considered, only if the circumstances and exigencies confronting the police or other emergency responders permit. I also understand that if the information provided on this T-SNAP Form is considered, it may be considered along with other relevant sources of information, and subject to proper police and emergency response procedures, when police, fire department, or other emergency response personnel are responding to the residence for which this form is being completed. Completion and submission of this form is simply an attempt to provide emergency response personnel with information that may be helpful when providing services to residents or occupants of my home, in or near my household.

I hereby verify that the representations made herein are true and correct to the best of my knowledge, information and belief.

Name (Last, first, MI):	Signature:	Date:
Relationship to individual with special needs:	Phone Number: ( ) -	Email address:

For official use only:				
Purge Date:	Intake Officer / Date:	Entered by / Date:	<input type="checkbox"/> Decal Received: Decal Number:	Application Updated:

***Please return this form and a photo (non-returnable) in person on Tuesday or Thursday between 10:00 AM and 1:00 PM to:***  
 Trumbull Police Department  
 Community Policing Division  
 158 Edison Road  
 Trumbull, CT 06611



***For more information:*** Call: (203) 261-3665 or visit our website: [www.trumbull-ct.gov/police](http://www.trumbull-ct.gov/police)

***Please attach a recent color photo (non-returnable) and submit it with this application form.***