

# Santa Clarita Valley Special Needs Registry

Age: \_\_\_\_\_

## Confidential Information about Person with Special Needs

Date: \_\_\_\_\_ NEW UPDATE

\_\_\_\_\_  
Last Name First Name

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

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

Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Height: \_\_\_\_\_ Weight \_\_\_\_\_

**Diagnosis/Disability:** \_\_\_\_\_

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

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

**Suggestions for approaching person and de-escalation techniques:**  
\_\_\_\_\_  
\_\_\_\_\_

Attach  
Recent Photo Here

(Identification-type photo  
or school photo  
clearly showing the person's  
facial features)

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

## Home Address

Address: \_\_\_\_\_ Apt. \_\_\_\_\_ Does the individual live alone? Yes No

City: \_\_\_\_\_ St: \_\_\_\_\_ ZIP: \_\_\_\_\_ Is this a Family home Group home

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

## Emergency Contact Information

Contact Person(s): \_\_\_\_\_ Parent(s) Guardian/Caregiver

Address: \_\_\_\_\_ Apt. \_\_\_\_\_ Other Relationship \_\_\_\_\_

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

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

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

Check Here to receive an email reminder when it is time to update this form.

## Behavioral Information

Does this person tend to wander off or elope? Yes No Sometimes

Favorite Attractions/Locations where person may be found: \_\_\_\_\_

Describe any behaviors or characteristics that may attract attention or endanger this person:  
\_\_\_\_\_  
\_\_\_\_\_

Other important information or suggested accommodations:

\_\_\_\_\_  
\_\_\_\_\_

**Alternate Emergency Contact Information**

Contact Person(s): \_\_\_\_\_ Parent(s) Guardian/Caregiver  
Address: \_\_\_\_\_ Apt. \_\_\_\_\_ Other Relationship \_\_\_\_\_  
City: \_\_\_\_\_ St: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Communication Information**

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

**Medical Information**

Please indicate the nature of the special need(s) and any medical condition(s) that may apply:  
Alzheimer's Disease Autism/Asperger Syndrome Bipolar Disorder Cerebral Palsy  
Developmental Disability Diabetes Down Syndrome Emotional Disturbance Epilepsy  
Hearing Impairment Oppositional Defiant Disorder Schizophrenia 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 Sheriff Department 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 CLEAR 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.*

\_\_\_\_\_  
Name of person completing this form Signature of Person completing form Date  
or person with special needs age 18 or older

*If you have questions about the Santa Clarita Valley Special Needs Registry or this form, please contact Deputy Rick Cordero at 661-294-1188 x 474 or Emily Iland, Chairman of (CLEAR) at 661-297-4033 or [www.clearscv.org](http://www.clearscv.org)*

*Mail or hand deliver the completed form with photograph attached to:  
SCV Special Needs Registry c/o Watch Deputy Santa Clarita Valley Sheriff's Station  
23740 Magic Mountain Parkway Santa Clarita, CA 91355*