



ENTERPRISE POLICE DEPARTMENT
PROJECT S.N.A.P.
(SPECIAL NEEDS ASSISTANCE PROGRAM)

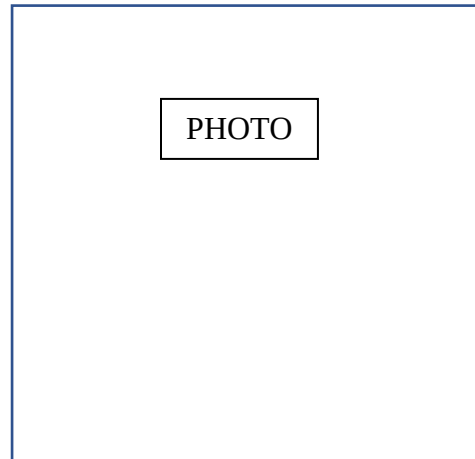
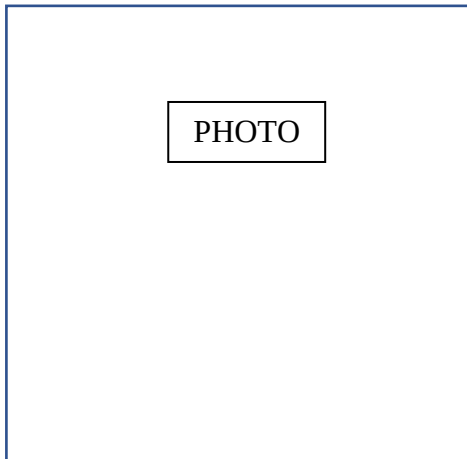


PERSONAL INFORMATION

NAME: _____ NAME TO CALL ME: _____
DOB: _____ HAIR COLOR: _____ EYE COLOR: _____ RACE: _____ SEX: _____
HEIGHT: _____ WEIGHT: _____ TELEPHONE: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP CODE: _____
DISABILITIES/SPECIAL NEEDS: _____

EMERGENCY CONTACT INFORMATION

1. NAME: _____ PHONE: _____
ADDRESS: _____
RELATIONSHIP: _____
2. NAME: _____ PHONE: _____
ADDRESS: _____
RELATIONSHIP: _____



My signature below constitutes an affirmation under oath that I am legally responsible for the person named above for whom I have provided information, and that I consent to have this information shared among law enforcement personnel for enrollment in the Project S.N.A.P. program.

Signature & Date

Witness

INFORMATION SPECIFIC TO THE INDIVIDUAL

Favorite attractions or locations where the individual may be found:

Atypical behaviors or characteristics that may attract attention:

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

Preferred method of communication (if nonverbal, sign language, picture, written words, etc.):

Identification information (i.e. does the individual wear jewelry, tags, ID cards, medical alert bracelets, etc.):

Tracking information (does the individual have a tracking device?):

Recommended approach and de-escalation techniques:

Return completed form to
Enterprise Police Department
Office of the Chief
501 S. Main St.
Enterprise, AL 36330