

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 _____

Race: _____

Diagnosis/Disability: _____

Identifying Features (scars, moles, etc.)

Identification on Person (ID bracelet, necklace, tags, EMFINDERS locator device, other device):

Attach
Recent Photo Here

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

Suggestions for approaching person and de-escalation techniques:

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:

