



MANCHESTER TOWNSHIP POLICE

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SPECIAL NEEDS INFORMATION FORM AND PHOTOGRAPH

Date: _____

Name of Special Needs Person: _____ Nickname: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Other: _____

Date of Birth: _____ Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____

Scars or Identifying Marks: _____

Medical Conditions: _____

Method of communication, if non-verbal: sign language, picture boards, written word, assistive technology, etc.:

Identification worn: ex: jewelry/Media Alert[®], clothing tags, ID card, tracking monitor, etc.:

Current prescriptions:

Sensory or medical issues and requirements, if any:

Inclination for wandering behaviors or characteristics that may attract attention:

Favorite attractions and locations where person may be found if missing:

Likes and dislikes (include approach and de-escalation techniques):

Emergency Contact Name 1: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Email Address: _____

Emergency Contact Name 2: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Other Important Information: _____

Please return this form in person or via email with a current photograph to specialneeds@manchestertwp.com