



Hooperton Police Department

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Chief of Police

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Support for Citizens with Special Needs

Please complete this form if you have a family member with special needs, or you yourself have any special needs. The Hooperton Police Department will enter the information into our database which will help us assist with this individual, if the need ever arises. It is important to list any specific triggers that may be harmful and will help us assist.

Information about individual with special needs

Name: _____
(First, middle, last)

Address: _____ Date of Birth: _____

Male/Female: _____ Race/Ethnicity: _____, Height: _____, Weight: _____,

Physical Description: (eyes, hair, scars, marks, tattoos): _____

Please indicate the identified disability(s) for this person: _____

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Further information about individual with special needs

| | | |
|-------------------------|--------|------------|
| I.D. Bracelet | Yes | No |
| I.D. Necklace | Yes | No |
| Special needs I.D. Card | Yes | No |
| Communication | Verbal | Non-Verbal |
| Oxygen Container | Yes | No |

Preferred Language for communication: _____

Medical Needs: _____

Triggers to avoid, if possible: _____

Do they become physical or combative, if so what calms them? _____

Favorite Places to visit (Parks, churches etc.) _____

Has individual been missing before? Yes No

If yes, where were they located? _____

Is there a current photo available to police? Yes No

Photos can be emailed to admin@hoopestonpolice.org.

Please include name, date of birth and address when submitting photos

If you have fingerprints, you can attach to this form to be added into the file

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Emergency Contact Information

Name: _____ Address: _____

Phone Number: _____ Relationship: _____

Place of Employment or School (if applicable) including address

A signed release must accompany this registration form