



AURORA POLICE DEPARTMENT

1200 E. Indian Trail ☆ Aurora, Illinois 60505-1896
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Chief of Police
Keith M. Cross

Deputy Chief
Matthew T. Thomas

Commanders
Steven A. Stemmet
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Donald L. Flowers

Registration for S.N.A.P.P. (Special Needs Aurora Police Program)

If you have a family member with special needs, or you yourself have any special needs, please complete this form in its entirety. The Aurora Police Department will submit this information into a database which will assist with how to appropriately interact with this individual, if the need arises. Due to the range of needs for those with disabilities, it is pertinent to indicate specific triggers that may be harmful as well as specific ways to interact successfully.

Information regarding individual with special needs:

Name of individual with identified special

need(s): _____ (First, Middle, Last)

Date of birth: _____

Address: _____

Male/Female : _____

Race/Ethnicity: _____

Height: _____

Weight: _____ lbs

Physical Description

(eyes/hair/scars/marks/tattoos): _____

Please indicate the identified disability(s) for this individual:

Emergency contact information:

Name: _____

Address: _____

Telephone number: _____

Relationship: _____

Place of Employment and/or educational facility (if applicable) including address:

Name/address/phone number of any additional caretakers this individual may regularly visit in Aurora:

Please indicate any information that is *important* for the Aurora Police to know about this individual?
(i.e.: special identifiers such as a bracelet noting their disability, verbal/non-verbal, triggers, calming strategies, etc.)

ID Bracelet/alert band: (Circle)	yes	no
ID Necklace: (Circle)	yes	no
Special needs ID card: (Circle)	yes	no
Communication: (Circle)	verbal	non-verbal
Oxygen Canisters: (Circle)	home	work/educational facility
Sensory issues: (Circle)	yes	no

If “yes” is circled above for *sensory issues*, please describe the sensory issues and provide any suggestions for first responders to best approach and handle in a crisis situation: _____

Preferred language for communication: _____

Do you have any environmental safety concerns such as pets, stored weapons, access to medications or other potential hazards you would like first responders to be aware of? Yes/No

If “yes” is circled, please describe your environmental safety concerns:

Medical Needs: _____

Triggers to avoid, if possible:

Strategies and/or needs for positive interaction:

Favorite places to visit (Parks, ETC)

Has your loved one been missing before? Yes___ No___

If yes, where were they located and when? _____

Are you filling out this form on behalf of someone? Yes ___ No___

Your name/relationship to individual: _____

Your address and phone number: _____

Date of registration with SNAPP: _____

Is a current photo available to the police? Yes ___ No ___

**photos can be emailed to snapp@apd.aurora.il.us

Please include the individuals name, date of birth and address when submitting a photo to SNAPP email.

A signed release must accompany this registration form. A self-release form is available as well as a release form for individuals with a legal guardian.

This information will be kept on file for a period not to exceed two (2) years. A notification will be made prior to that two-year deadline. If the information is not confirmed at that time, the information will be removed from the database. If any change in guardianship, change in address, etc., needs to be made, please complete a new form along with an updated release and submit to the Aurora Police Department.

The completed forms can be dropped off at the front desk of the Aurora Police Department or sent in the mail to the Aurora Police Department: 1200 E Indian Trail

Aurora, IL 60505

Attention: CIU Unit