|  |  |
| --- | --- |
| **IDENTIFYING INFORMATION** | |
| Name: | |
| Last Name First Name Middle | |
| Nicknames or Alias: |  |
| Sex: ○ Male ○ Female Race: ○ White ○ Black ○ Asian/Pacific Islander Ethnicity: ○ Hispanic ○ Non-Hispanic | |
| Date of Birth: Height: Weight: Eye Color: Hair Color: | |
| Identifying Markers (Scars, Marks, Tattoos, Glasses, Piercing, etc.) | |
| Home Address: | |
| Address City State Zip | |
| School Name and Address *(if applicabl*e): | |
|  | |
| Name Address City State Zip | |
| Vehicle Information *(if applicable)*: | |
|  | |
| License Plate State Year Make Model Color | |

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| **MEDICAL INFORMATION** |
| Type of Disability: |
| Check if applicable: ○ Visually Impaired ○ Hearing Impaired ○ Speech Impaired |
| Known Allergies (Food, Medications, etc.): |
| Doctor Name: Phone: |
| Any Other Pertinent Issues:/Information: |

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| **ADDITIONAL INFORMATION** |
| Where are they known to go? (If known to wander or leave the residence) |
| Triggers (Example: Reaction to touch / loud noises): |
| Visual or Verbal Prompts (Example: Keywords they react to / Picture of a house): |

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| **EMERGENCY CONTACT INFORMATION** |
| 1. Name: Relationship: |
| Address: |
| Cell Phone: Home Phone: Work: |
|  |
| 2. Name: Relationship: |
| Address: |
| Cell Phone: Home Phone: Work: |

**SOP 5.0.1. Admin – Project H.E.L.P. Application**