**Safe Program**

Please complete this form for each member of your household who requires special needs or additional attention and return it to the Walton County Sheriff’s Office or email it to SafeProgram@waltonso.org.

Date: Incident #: Deputy:

# Client Information

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name:** | |  | | | |  | Age: | | DOB: | |
| Address | |  | | City | |  | St | | Zip Code | |
| Home Phone # | | Cell Phone # | | | Race | Sex | | Height | | Weight |
| Hair | Eye |  | Social Security # | | | DL / ID # | | | | |

**Please list any physical, psychological, or diagnosed behavioral special needs that should serve as a reminder to first responders that special consideration or attention may be needed for the individual involved in a call for service. (Examples include autism, dementia, Down syndrome, hearing impaired, immobility, speech impaired, etc.) Additionally, please add any actions that may trigger the client. Also, include any calming strategies that can be used to help soothe the client. Please note any prior reactions to Law Enforcement and reactions they may have.**

**How does the client communicate? (words, pictures, device, etc.)**

**Miscellaneous Information:**

**Stims:**

**Eye Contact:**

**Frequently Visited Places:**

**Can they swim?**

# Emergency Contact Information

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name**: | |  | | | |  | Age: | DOB: | |  | Relationship: | |
| Address | |  | | City | |  | |  | St | Zip Code | | |
| Home Phone # | | Cell Phone # | | | Race |  | Sex | Height | |  | | Weight |
| Hair | Eye |  | Social Security # | | | DL or ID # | |  | |  | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name**: | |  | | | |  | Age: |  | DOB: |  | Relationship: | |
| Address | |  | | City | |  | |  | St | Zip Code | | |
| Home Phone # | | Cell Phone # | | | Race |  | Sex | Height | |  | | Weight |
| Hair | Eye |  | Social Security # | | | DL or ID # | |  | |  | | |

**Vehicle Information**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Year | Make | Model | Color | Tag # | Tag State |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

*Please allow three business days for contact by Sheriff's Office personnel. Walton County Sheriff's Office complies with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and its amendments. All information received on this form will be kept private and not for public use. If you have any questions please call the Sheriff's Office at 850-892-8186*.

**===========================Internal Use Only =======================**

Date Received: Received By:

Date Contacted Citizen:

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Notes: