



**Racine County Residents of Special Needs**  
***Special Needs Alert Program***  
**(SNAP)**

The Racine County Sheriff's Office is implementing a program that will aid Law Enforcement Officers in contacting and locating the residents of Racine County with special needs. Law Enforcement agencies across the United States have implemented this program with great success. This program is available for individuals who live, work and regularly frequent in Racine County.

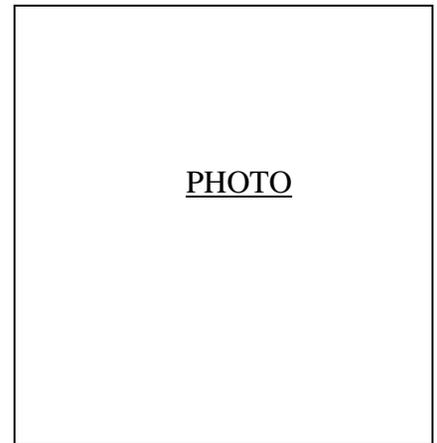
By completing this form, you are providing the Racine County Sheriff's Office with the necessary and crucial information that will assist the agency in providing the best care during emergencies. You can provide us with as much information as you deem necessary. The program can assist individuals with all types of special needs to include, but not limited to: Alzheimer's, Autism, Down Syndrome, Dementia, and those with impaired Hearing & Vision.

The Racine County Sheriff's Office is striving to maintain our goal for a safer community and feel that SNAP is just another way of accomplishing that goal. If you have any questions concerning this program, please contact the Racine County Sheriff's Office Dispatch Center at (262)886-2300.

Please complete and return to the Racine County Sheriff's Office Attn: SNAP, 717 Wisconsin Ave Racine, WI 53403. or email to: [SNAP@racinecounty.com](mailto:SNAP@racinecounty.com)

Participant Information:

Last \_\_\_\_\_ First \_\_\_\_\_ M \_\_\_\_\_  
Address \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell \_\_\_\_\_  
DOB \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Sex \_\_\_\_\_  
Age \_\_\_\_\_ Race \_\_\_\_\_ Eyes \_\_\_\_\_ Hair \_\_\_\_\_



Parent/Guardian/Caregiver: (Circle One) Date Photo Taken: \_\_\_\_\_

Last \_\_\_\_\_ First \_\_\_\_\_ M \_\_\_\_\_  
Address \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Emergency Contact#1 \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_  
Emergency Contact#2 \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Over →

Complete this form digitally and email the completed form to  
[SNAP@RacineCounty.com](mailto:SNAP@RacineCounty.com)

## Participant's Special Needs Information

Check All That Apply: ( ) Hearing Impaired ( ) Blind ( ) Alzheimer's ( ) Immobility or Limited mobility ( ) Mute

Diagnosis/Condition(s) \_\_\_\_\_

Places Known to Frequent \_\_\_\_\_

Triggers/Dislikes \_\_\_\_\_

Calming Techniques \_\_\_\_\_

Distinguishing Marks/Traits \_\_\_\_\_

Interests/Favorite Things \_\_\_\_\_

School/Work Locations \_\_\_\_\_

Glasses/Hearing Aids/Medical Alert Bracelet (etc)? \_\_\_\_\_

Medications \_\_\_\_\_

Additional information to aid law enforcement in locating and/or contacting the participant:

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*For Office Use Only:*

Date Entered \_\_\_\_\_ By Whom \_\_\_\_\_