



SNAP Registration Form

Individuals with disabilities and older adults with cognitive impairments who are current students or frequent our campuses, the information gathered in this form will help us create notes about the individual in order to better help us during our contacts. This data benefits our emergency personnel and the individual involved. Our aim is to ensure a positive and safe interaction with community members, which is why we request detailed information about any unique needs or behaviors. You may provide as much or as little information as you wish, but the more informed we are, the better we can serve our community. All information is kept confidential. We also encourage you to submit a current photo with the registration form. An annual request will be sent to update the provided information. Please complete and send the form and photo to SCCDPS@Solano.Edu.

INDIVIDUAL'S BASIC INFO:

First name: _____ Last Name: _____

Nickname(s): _____

Date of birth: _____ Age: _____

Physical Address: _____

Phone number of VIP: ____ - ____ - ____ Does person text? __Yes__ No

GPS locator (i.e. smart watch, airtag, etc): __Yes__ No; if yes, which: _____

School, if applicable: _____

Program/organization affiliation(s), if applicable: _____

PHYSICAL DESCRIPTION:

Gender at birth: __ Male __ Female Identifying gender: __ Male __ Female

Height: _____ Weight: _____ Eye color: _____ Hair color: _____

Race/Ethnicity: _____

Birth Marks: __Yes__ No; If yes, describe, including location on body: _____

Scars: __Yes__ No; If yes, describe, including location on body: _____

Tattoos: Yes No; If yes, describe, including location on body: _____

Artificial limbs/prosthetic devices: Yes No; If yes, describe, including location on body:

Wears glasses: Yes No Hearing aides: Yes No Dentures: Yes No

IMPORTANT NOTES REGARDING INDIVIDUAL:

Specific disability/impairment/diagnosis: _____

Other disabilities, impairments, sensory issues to note: _____

Other Medical conditions to note: _____

Medications: _____

Will respond to directives: Yes No; if no, common response: _____

Processing delays: Yes No; if yes, please describe: _____

Aversion to strangers: Yes No; if yes, common response: _____

History of wandering: Yes No; If yes, frequent destination, if any: _____

History of violence/aggressive behavior: Yes No; If yes, please describe: _____

History of hiding: Yes No: If yes, favorite hiding spot(s): _____

Reactions to sounds: _____

Reactions to animals: _____

Reactions to touch: _____

Reaction to Emergency personnel/officers: _____

Will individual make eye-contact: __Yes__ No

Stimming behaviors: __Yes__ No; if yes, please describe: _____

Specific triggers/fears to note: _____

Items/Weapons individual always has with him/her: _____

Weapons in home of individual: __Yes__ No; if yes, does individual have access: __Yes__ No

Individual drives: __Yes__ No; if yes, vehicle/license plate driven: _____

Individual frequently uses public transportation (including ride sharing): __Yes__ No; if yes, most commonly used: _____

Additional notes about individual to help us better understand person/condition: _____

BEST PRACTICES WITH INDIVIDUAL:

Preferred Communication mode: _____

Calming strategies to note: _____

Favorite things: _____

Additional notes that will help to ensure a positive interaction with individual: _____

CONTACT INFORMATION:

Caretaker/Parent/Guardian(s):

Name: _____ Relation: _____

Name: _____ Relation: _____

Name: _____ Relation: _____

Phone number(s) in order of best number to call:

1. ___ - ___ - ___ Name: _____ Relation: _____

2. ___ - ___ - ___ Name: _____ Relation: _____

3. ___ - ___ - ___ Name: _____ Relation: _____

Email(s) for contacts: _____

Other individuals commonly associated with individual (friends, employers, mentors, etc),
and contact info, if applicable: _____

SNAP offers protection for individuals whose age or unique needs make them vulnerable to bodily harm by sharing important information about them with our officers and emergency services. The information and photographs provided will be used exclusively for identification and effective interaction with the individual, and will remain confidential otherwise. This information must be updated annually to ensure our system has current details about the person and their associated address. Please provide contact information below for the person responsible for confirming this information annually.

Name: _____ Phone: _____

Email: _____