



SPECIAL NEEDS ALERT PROGRAM PHYSICIAN VERIFICATION FORM

Dear Physician,

As part of the applicant's *SNAP Program Eligibility Application*, you are being asked to provide information about his/her disability and functional abilities. Special Needs Alert Program, or SNAP, assists First Responders (Police and Fire) to be more responsive during emergencies to residents of the City of Anderson with special needs. Maintained by the Anderson Police Department, the program can help first responders identify those who cannot identify themselves due to a disability or special need.

The Anderson Police Department will use this information to determine eligibility for the Special Needs Alert Program. If you have questions about the eligibility process, please call the Anderson Police Department at (530) 378-6600.

1. Complete for All Applicants: Applicant Summary

Applicant's Name _____ Date of Birth _____

1. In what capacity do you know the applicant? _____

2. When was your last evaluation of the applicant? _____

3. What is the applicant's disability?

Intellectual, cognitive, or vision disability

Other impairment disability: _____

impairment disability includes any loss or abnormality of psychological (mind), physiological (organ/cell/tissue/system), or anatomical (body) structure or function.

Not disabled

4. Special Needs (*select all that apply*) _____ Cognitively / Developmentally Delayed

Visually Impaired

Legally Blind

Hearing Impaired

Deaf

Immobile

Non-verbal

Seizure Disorder

Speech Impaired

Prosthesis

Cerebral Palsy

Down's Syndrome

Muscular Dystrophy

Mood Disorder/ Mental Illness

Paralysis (full or part)

Parkinson's

Alzheimer's / Dementia

Autism Spectrum Disorder

Asperger Syndrome

5. Special Considerations (*select all that apply*)

Responds Well to Touch

Light/ Siren Sensitivity

Sound Sensitivity

Uses Hearing Aids

Color Sensitivity

Has High Pain Tolerance

Wheelchair/ Walker/ Cane

Tendency to Wander

Fascination with Water

Tendency to Hide

Responds to Verbal Commands

Communication / Speech Delay

Communicates with PECS

Communicates with Sign Language

Scared of Fast Movements / Crowds

2. Complete if the Applicant has an Intellectual or Cognitive Disability

1. Describe how this disability functionally qualifies the applicant for SNAP:

2. Does the applicant rely upon the assistance of a personal care attendant?

Yes___ No___ Don't Know___ If yes, explain: _____

3. Does the applicant demonstrate behavioral or social problems (i.e., aggressive or overly friendly)?

Yes___ No___ Don't Know___ If yes, explain: _____

3. Complete if the Applicant has a Vision Disability

1. Describe how this disability functionally qualifies the applicant for SNAP:

2. Does the applicant use mobility aids?

Yes___ No___ If yes, circle those used:

Cane or Pedestrian Aid / Guide Animal / Braille Signs or Labels / Magnifier/ Electronic Device / Other

3. Is this visual impairment temporary?

Yes___ No___ Don't Know___ If yes, how long will it last: _____

4. Complete if the Applicant has a Mobility Impairment

1. Describe how this disability functionally qualifies the applicant for SNAP:

2. Does the applicant use mobility aids?

Yes___ No___ If yes, circle those used:

Manual Wheelchair/ Electric Wheelchair/ Electric Scooter / Cane / Walker/ Crutches / Leg Braces/ Other

3. How far can the applicant walk with their mobility aid or travel in their wheelchair/scooter?
 Less than 1 block ___ 1-2 blocks ___ 3-6 blocks ___ 7+ blocks ___ Don't Know ___
4. Is this mobility impairment temporary?
 Yes ___ No ___ Don't Know ___ *If yes, how long will it last:* _____

5. Complete if the Applicant has Other Impairment

1. Describe how this disability functionally qualifies the applicant for SNAP:

2. Does the applicant demonstrate behavioral or social problems?
 Yes ___ No ___ Don't Know ___ *If yes, explain:* _____

6. Complete for All Applicants: Physician Certification

By my signature, I certify that this information is true and correct. I understand that all information will be kept confidential. Additionally, I understand that the falsification of information may be penalized, including the denial of service for the applicant.

Signature _____ Date _____
 Name _____ California License# _____

Address _____ Phone _____

Complete for All Applicants: Return the Completed Form to the Anderson Police Department

By mail:
 Anderson Police
 Department
 RE: SNAP
 2220 North Street
 Anderson, CA 96007