

# ST. LANDRY PARISH SHERIFF'S DEPARTMENT

1592 E Prudhomme Street  
Opelousas, La. 70570

## REQUEST FOR INFORMATION TO BE PLACED IN THE SPECIAL NEEDS PROGRAM

I am requesting that the St. Landry Parish Sheriff Dept. enter the following information into their computer system to alert public safety responders that my child/family member has a disability (Autism, Deaf Mute, Blindness, Dementia, Alzheimer's etc...) and may not respond to them during an emergency.

Name of Legal Guardian (if the disabled is a minor) \_\_\_\_\_

Name of Disabled Person \_\_\_\_\_

Disable's Date of Birth \_\_\_\_\_

Sex \_\_\_\_\_ Race \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Eye Color \_\_\_\_\_ Hair Color \_\_\_\_\_

Phone No. of Primary Contacts \_\_\_\_\_

Disable's Physical Address \_\_\_\_\_

Please check the type of disability:

Autistic       Deaf Mute       Blind       Dementia

Alzheimer's       Other (Explain) \_\_\_\_\_

Please provide in the note section any specific directions or commands that the public safety responder may need to follow in order to communicate with the disabled person.

**Notes: (Also include any distinguishing marks, scars or tattoos)**

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I will notify the St. Landry Parish Sheriff Dept. in writing if this information changes or is no longer needed.

\_\_\_\_\_  
Signature of Legal Guardian or Disabled

\_\_\_\_\_  
Date

**Email, mail or fax this form to:**

**St. Landry Parish Sheriff Department**

[specialneeds@slpsheriff.com](mailto:specialneeds@slpsheriff.com)

**(337) 948-6516 Phone**

**(337) 948-1713 Fax**

**\*\*\*If possible, please provide a recent picture of the special needs person when returning this form.\*\*\***