



AURORA POLICE DEPARTMENT

1200 E. Indian Trail ☆ Aurora, Illinois 60505-1896
Phone (630) 256-5000 ☆ Facsimile (630) 256-5729

Chief of Police
Kristen L. Ziman

Deputy Chief
Keefe D. Jackson

Commanders
Paul B. Nelson
Michael T. Doerzaph
Keith M. Cross

Registration for S.N.A.P.P. (special needs Aurora Police program)

If you have a family member with special needs, or you yourself have any special needs, please complete this form in its entirety. The Aurora Police Department will submit this information into a database which will assist with how to appropriately interact with this individual, if the need arises. Due to the range of needs for those with disabilities, it is pertinent to indicate specific triggers that may be harmful as well as specific ways to interact successfully.

Information regarding individual with special needs

Name of individual with identified special

need(s): _____ (First, Middle, Last)

Date of birth: _____

Address: _____

Male/Female: _____

Race/Ethnicity: _____

Height: _____

Weight: _____ lbs

Physical Description

(eyes/hair/scars/marks/tattoos): _____

Please indicate the identified disability(s) for this individual:

Emergency contact information

Name: _____

Address: _____

Telephone number: _____

Relationship: _____

Place of Employment and/or educational facility (if applicable) including address

Please indicate any information that is *important* for the Aurora Police to know about this individual?
(i.e.: special identifiers such as a bracelet noting their disability, verbal/non-verbal, triggers, calming strategies, etc.)

ID Bracelet/alert band: (Circle)	yes	no
ID Necklace: (Circle)	yes	no
Special needs ID card: (Circle)	yes	no
Communication: (Circle)	verbal	non-verbal
Oxygen Canisters: (Circle)	home	work/educational facility

Preferred language for communication: _____

Medical Needs: _____

Triggers to avoid, if possible:

Strategies and/or needs for positive interaction:

Favorite places to visit (Parks, ETC)

Has your loved one been missing before? Yes___ No___

If yes, where were they located and when? _____

Are you filling out this form on behalf of someone? Yes ___ No___

Your name/relationship to individual: _____

Is a current photo available to the police? Yes ____ No ____

**photos can be emailed to snapp@apd.aurora.il.us

Please include the individuals name, date of birth and address when submitting a photo to SNAPP email.

A signed release must accompany this registration form. A self-release form is available as well as a release form for individuals with a legal guardian.

This information will be kept on file for a period not to exceed two (2) years. A notification will be made prior to that two-year deadline. If the information is not confirmed at that time, the information will be removed from the database. If any change in guardianship, change in address, etc., needs to be made, please complete a new form along with an updated release and submit to the Aurora Police Department.

The completed forms can be dropped off at the front desk of the Aurora Police Department or sent in the mail to the Aurora Police Department: 1200 E Indian Trail

Aurora, IL 60505

Attention: Det. J Hillgoth

