



# Bradley Police Department

## Special Needs Awareness Program

### APPLICATION



#### Information regarding Applicant/Guardian:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address (Street, City, State, Zip Code): \_\_\_\_\_

Phone Number (with area code): \_\_\_\_\_

Relationship to the special needs person: \_\_\_\_\_

Secondary Contact Person Full Name: \_\_\_\_\_

Secondary Contact Phone Number with Area Code: \_\_\_\_\_

Email address(es): \_\_\_\_\_

Check which decal you would like: Home  Vehicle  Both

Vehicle(s) Description: \_\_\_\_\_

#### Information regarding Individual with Special Needs:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

Does this individual have a cell phone? Yes:  No:

If yes, what is the phone number (with area code): \_\_\_\_\_

Date of Birth (mm/dd/year): \_\_\_\_\_

Comments (helpful information, triggers, diagnosis, responsiveness, special instructions):

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I am voluntarily providing this information to the Bradley Police Department with the understanding that it will be shared only with dispatchers and first responders for use in the event of an emergency at the residence or in a vehicle of the special needs individual listed above.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

This form can be mailed, dropped off at the Bradley Police Department, or  
scanned and emailed to [approvost@bradleyil.org](mailto:approvost@bradleyil.org).