



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):

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.