



Special Safety Needs Alert Form Instructions

The Oxford Police Department is offering a 'Special Safety Needs Alert form' for residents and involved families located within the city of Oxford. The information on this form is designed to assist dispatchers and officers in being better prepared for a call involving a family member or loved one, young to old, who has special needs, i.e. dementia, autism spectrum, hearing/vision impairment, etc.

Once the form is filled out, call the OPD Office Manager, Amy Gabbard, at 513-524-5247, or email her at agabbard@cityofoxford.org, to schedule an appointment with a police officer. This officer will review the form with you and discuss your particular situation in order to gather as much helpful information as possible.



Oxford Police Department

Special Safety Needs Alert



Last Name: _____ First Name: _____

Street Address: _____

City: _____ Twp.: _____ Zip: _____

Home Phone _____ Cell Phone _____

School/Work address: _____

City: _____ Twp.: _____ Zip: _____

School/Work Phone _____

Height: _____ Weight: _____ Hair: _____ Eyes: _____ Race: _____

DOB (mm/dd/yyyy): _____ Age: _____ Gender: _____ Male _____ Female

Primary Language Spoken: _____ Email: _____

Special Considerations:

- Responds to verbal commands Responds well to touch Has high pain tolerance
- Communication/speech delay Light/Siren Sensitivity Wheelchair/walker/cane
- Scared of fast movement/crowds Tendency to wander Tendency to hide
- Communicates with sign language Uses hearing aid Sensitive to sound
- Residential Access Instructions/Other (please detail)

Special Safety Needs:

- Visually Impaired/Blind Seizure Disorder Developmental Delay Deaf
- Speech Impaired Mental Illness Cerebral Palsy Paralysis
- Non-verbal Down syndrome Autism
- Alzheimer's/Dementia

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Other:

Emergency Contact Info:

Last Name: _____ First Name: _____
Address: _____
City: _____ Twp.: _____ Zip: _____
Home Phone _____ Cell Phone _____
Work Phone _____ Relationship: _____

Emergency Contact Info:

Last Name: _____ First Name: _____
Address: _____
City: _____ Twp.: _____ Zip: _____
Home Phone _____ Cell Phone _____
Work Phone _____ Relationship: _____

Information Specific to the Special Safety Needs Person

Does the individual live alone? Yes No Is he/she likely to wander off. Yes No

Is the special safety needs person hearing impaired? Yes No Visually impaired? Yes No

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Favorite attractions or locations where the individual may be found?

Location of bedroom or likely place to find the individual in the house/residence at night?

Behaviors or characteristics of the individual that may attract the attention of responders?

Actions that may trigger outbursts or irrational behavior of the individual?

Favorite toys, objects, discussion topics, likes or dislikes of the individual?

Is the special safety needs person: Verbal Non-verbal

Prefers other means of communications (If non-verbal: sign language, picture boards, written words, etc....)

Is there any other information that may be helpful to our responders when coming in contact with this special needs person?

PLEASE REVIEW THE FOLLOWING IMPORTANT INFORMATION BEFORE COMPLETING, SIGNING AND/OR SUBMITTING THIS FORM:

*You are advised that providing this form is strictly voluntary. The information contained in this form will be added to the Oxford Police Department's record management system and may be distributed to emergency responders in order to better care for you and your family members. The City respects your right to privacy and confidentiality and will strive to ensure that your personal information remains confidential at all times. However, you should be aware and take notice that once submitted, this form may be considered a public record and may be subject to disclosure under R.C. 149.43, except as otherwise exempted by law. The City does not collect or maintain information about you that is not essential for your safety and well-being. By completing this **Special Safety Needs Alert** form, I acknowledge that the information provided herein is accurate and was submitted voluntarily and for the sole purpose of assisting Police, Fire, and Emergency Response Departments in more effectively responding to potential emergency situations involving the individual identified in the **Special Safety Needs Alert** form. I, therefore, authorize the use of this information for these purposes.*

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Primary caregiver/ Responsible party completing form: _____

Signature: _____ Date: _____

Relationship: _____