



Hanover Police Department  
 Hanover Regional Communications Center  
 46 Lyme Road, Hanover NH 03755 | (603) 643-2222



## SPECIAL NEEDS INFORMATION PROGRAM (SNIP) REGISTRATION

The Special Needs Registry is a program to help emergency responders identify and respond to vulnerable residents with special needs. This is a voluntary program in which special needs community members of any age, or their family members, submit information such as triggers, special accommodations, emergency contacts and a photograph.

Please fill out this form to the best of your ability and attach at least one photograph. You can also submit this information online at [hanovernh.org](http://hanovernh.org). If you need assistance filling out this form please call the Police Department or stop by. The completed form can be returned to any uniformed Police Officer, mailed to the department, dropped off, or submitted via email to [dispatch@hanovernh.org](mailto:dispatch@hanovernh.org)

FIRST NAME: \_\_\_\_\_

MIDDLE NAME: \_\_\_\_\_

LAST NAME: \_\_\_\_\_

PREFERRED NAME: \_\_\_\_\_  
 (If you would like us to call you by a different name)

DATE OF BIRTH: \_\_\_\_\_  
 (MM / DD / YYYY)

GENDER EXPRESSION:  Male  Female  Non-binary  
 Prefer to Self-describe: \_\_\_\_\_

BEST PHONE NUMBER: (            ) \_\_\_\_\_  
 Landline  Mobile

ALT. PHONE NUMBER: (            ) \_\_\_\_\_  
 Landline  Mobile

PREFERRED EMAIL: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

TOWN: \_\_\_\_\_ STATE: \_\_\_\_\_

SECOND ADDRESS: \_\_\_\_\_  
(ex: work, school, etc...)

TOWN: \_\_\_\_\_ STATE: \_\_\_\_\_

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**PHYSICAL DESCRIPTION**

HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_

EYE COLOR: \_\_\_\_\_ HAIR COLOR: \_\_\_\_\_

SCARS / TATTOOS / OTHER IDENTIFYING MARKS:

OTHER IDENTIFYING INFO (Jewelry, Medical ID Card, Medical Alert Bracelets, Etc...):

CURRENT PHOTO:  Attached  Emailed

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**DIAGNOSIS AND MEDICAL INFORMATION**

DIAGNOSIS INFORMATION:

- Autism Spectrum
- Cerebral Palsy
- Dementia
- Downs Syndrome
- Traumatic Brain Injury
- Post-Traumatic Stress Disorder
- Mental Health Disorder
- Other (please describe):

OTHER MEDICAL INFORMATION:

- |   |   |
|---|---|
| <input type="checkbox"/> Asthma                   | <input type="checkbox"/> Diabetic           |
| <input type="checkbox"/> Cognitive Impairment     | <input type="checkbox"/> Heart Condition    |
| <input type="checkbox"/> Hearing Impairment       | <input type="checkbox"/> Allergies          |
| <input type="checkbox"/> Prone to Seizures        | <input type="checkbox"/> Special Medication |
| <input type="checkbox"/> Vision Impairment        |   |
| <input type="checkbox"/> Other (please describe): |   |

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**BEHAVIOR DESCRIPTIONS**

WHAT ARE YOUR TRIGGERS?

- |   |  |
|---|--|
| <input type="checkbox"/> Sirens                   | <input type="checkbox"/> Crowds        |
| <input type="checkbox"/> Flashing Lights          | <input type="checkbox"/> Strong Smells |
| <input type="checkbox"/> Loud Tone of Voice       | <input type="checkbox"/> Being Touched |
| <input type="checkbox"/> Other (please describe): |  |

BEHAVIOR TRAITS WHEN TRIGGERED:

- |   |                                       |
|---|---------------------------------------|
| <input type="checkbox"/> Running                  | <input type="checkbox"/> Aggression   |
| <input type="checkbox"/> Rocking                  | <input type="checkbox"/> Biting       |
| <input type="checkbox"/> Hand Flicking            | <input type="checkbox"/> Head Banging |
| <input type="checkbox"/> Other (please describe): |                                       |

STRESS RESPONSE:

- FIGHT       FLIGHT       FREEZE

RESPONDS TO NAME?

- YES       NO

EYE CONTACT?

- YES       NO

DELAYED SPEECH DURING STRESS?

- YES       NO       NONVERBAL

IMPAIRED SENSE OF DANGER

- YES       NO

RESPONDS TO VERBAL COMMANDS

- YES       NO

PLEASE DESCRIBE RESPONSE TO PERSONS IN UNIFORM, IF ANY:

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## COMMUNICATION STRATEGIES

BRIEFLY DESCRIBE TOP THREE DE-ESCALATION STRATEGIES:

BRIEFLY DESCRIBE "LIKES" THAT ARE FUN TO TALK ABOUT AND ENJOYABLE:

BRIEFLY DESCRIBE "DISLIKES" THAT ARE ANNOYING OR FRUSTRATING TO TALK ABOUT

DO YOU USE NON-VERBAL TECHNIQUES? (Written, Sign Language, Communication Technology)

CAN YOU DESCRIBE SPECIAL PHRASES, SONGS, OR WORDS THAT YOU RESPOND WELL TO?

PLEASE SHARE ANY OTHER INFORMATION THAT YOU THINK WOULD BE HELPFUL

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**EMERGENCY CONTACTS**

NAME: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

BEST PHONE NUMBER: \_\_\_\_\_

NAME: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

BEST PHONE NUMBER: \_\_\_\_\_

By signing here I give permission for the staff of SNSC to share and exchange information in this form with the staffs of the Hanover, Hartford, and Lebanon dispatch centers and their First Responders for the purpose of providing assistance to me, or in case of a minor or adult in guardianship, the person that I am registering.

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SIGNATURE

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DATE