



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. 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

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: _____

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

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):	

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:

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

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.

SIGNATURE

DATE