



# White Lake Township Police Department Neurodiverse Citizens

## Applicant Information

New Registration  Renewal

Autism  Alzheimer's  Down's Syndrome  Dementia  Other

Specific Diagnosis: \_\_\_\_\_ :

Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_  
*City State ZIP Code*

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Nicknames: \_\_\_\_\_

Gender: \_\_\_\_\_ Race: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Build: \_\_\_\_\_

Tattoos /  
Marks: \_\_\_\_\_

Language Spoken / Non-Verbal: \_\_\_\_\_

GPS Tracking Device? YES  NO  Photograph Attached YES  NO

Identification Worn? YES  NO  Date of Photograph: \_\_\_\_\_

Type of Identification: \_\_\_\_\_

## Emergency Contact

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_  
*City State ZIP Code*

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Secondary Emergency Contact**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street Address* *Apartment/Unit #*

\_\_\_\_\_  
*City* *State* *ZIP Code*

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Additional Information**

**Medical Concerns:**

\_\_\_\_\_  
**Favorite attractions and/or locations where person might be found:**

\_\_\_\_\_  
**Best methods to approach (include communication techniques, likes, interests):**

\_\_\_\_\_  
**What not to do (include triggers i.e., physical contact, eye contact, bright lights, loud noises, etc.):**

\_\_\_\_\_  
**Other relevant information:**

**Signature**

*Please complete this form annually, on the birth date of the listed individual. Completed forms can be turned in at the White Lake Township Police Department or submitted online at whitelaketwp.com/police.*

*The information contained in this document is confidential, privileged, and will only be used in the event of an emergency.*

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