**Special Needs Awareness Program**

**Subject information**

Name: Name to call me:

Date of Birth: / / Hair Color: Eye Color:

Race: Sex: Height: Weight:

Home Address: TXID:

City: State: **TX**  Zip Code: Telephone:

License Plate # Vehicle make/model/year:

Person has: ⊡Alzheimer’s ⊡Autism ⊡Hard of Hearing ⊡PTSD ⊡Other:

Organization or Caretaker of Subject:

Telephone: Address:

City: State: TX Zip Code:

Would you like this information shared with EMT’s or Fire Departments? ⊡ Yes ⊡No

Please attach a recent photo to this form or email the subject’s photo to Sheriff@johnsoncountytx.org

 Please include the date the photo was taken.

 **You may attach additional descriptive information if necessary.**

**Helpful information to know when coming into contact with subject:**

**More on back**

**Emergency Contact Information**

Name: Phone: Cell:

Address: Relationship:

Name: Phone: Cell:

Address: Relationship:

Name: Phone: Cell:

Address: Relationship:

Name: Phone: Cell:

Address: Relationship:

Name: Phone: Cell:

Address: Relationship:

Name: Phone: Cell:

Address: Relationship:

 **It is the intention of the Johnson County Sheriff’s Office that the information provided herein will remain confidential; however, the Johnson County Sheriff’s Office is subject to Tex. Gov’t Code Chapter 552 (The Public Information Act) and under some circumstances disclosure of the information may occur.**

My signature below constitutes an affirmation under oath that I am legally responsible for the person named above for whom I have voluntarily provided the most accurate information possible and that I have consented to have this information shared among Law Enforcement for the purpose of enrollment **and use** in the “Disability Awareness Program**”. I waive any claim on behalf of myself and the disabled person against the Sheriff, Sheriff’s Office employees and Johnson County arising from the release or disclosure of the information provided herewith.**

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 Signature / Date Witness