Special Needs Awareness Program

What is S.N.A.P.?

The S.N.A.P. program assists area Emergency Responders in identifying children, teens, and adults with special needs in the event of an emergency.

An individual with special needs may have difficulty communication with others about needs, identity, or their address. At times Emergency Responders may come across someone with special needs that have gotten lost and need help finding their home. The Lyon County Emergency Communications Center has developed a program to assist in reuniting your loved one with you in a timely manner.

How does it work?

The S.N.A.P. enrollment form asks questions to gather the most helpful information such as emergency contacts, description of loved one, calming techniques, and ways to communicate them.

All information collected is safeguarded and maintained in our dispatch center.

How to sign up?

Contact the Lyon County Emergency Communications Center at 620-343-4225

Or

Email us at: snap@lcecc.org
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NAME ________________________________ NICKNAME ________________________________
ADDRESS ______________________________ PHONE NUMBER (___) ________ - ________
Date of Birth _____________________________

CURRENT PHYSICAL DESCRIPTION:

Race ________ Sex ________ Height ________ Weight ________
Hair Color ________ Eye Color ________

Description of Exceptionality:

Locations They May Go:

Communication (verbal, non-verbal, sign language, understands speech but does not respond, etc):

Calming Techniques:

Please attach current photo
Likes, attractions or obsessions:

Dislikes, fears, aversions:

Distinguishing characteristics (glasses, missing teeth, scars, birth marks, limp):

Emergency Contacts: (Please list in the order you wish to be contacted.):

1st
Name_________________________________________ Relationship________________________
Address____________________________________ Phone Number_______________________

2nd
Name_________________________________________ Relationship_______________________
Address____________________________________ Phone Number_______________________

3rd
Name_________________________________________ Relationship_______________________
Address____________________________________ Phone Number_______________________

Signature _____________________________________ Relationship________________________
Printed Name_________________________________
Date _________________________________________

Parent/Primary Care Provider Email Address: __________________________________________

Our agency will be sending out yearly update notices by email.

04/09/2015