

S.N.A.P. Program Enrollment

All information provided is safeguarded and maintained by the Coffey County Dispatch Center. Unless we are contacted, our agency will send out yearly notices for updated information and pictures.

*Red fields are required.

Please fill out this form and email it, and a **recent photo** of the loved one to dispatcher@coffeycountyks.org. You may also drop the form off at the Coffey County Law Enforcement Center at 625 Neosho St Burlington Ks. Photos for law enforcement use only

*Full Name: _____		
Nickname: _____		
*Date of Birth: _____		
*Address: _____		
*City: _____	*Zip: _____	*US State: _____
Phone: _____	Phone provider: _____	
*Email: _____		
*Legal Guardian(s)/Primary Caregiver(s): _____		

Identifying Information: Height, weight, sex, hair color/style, eye color (glasses/contacts), scars/marks/tattoos

Distinguishing Features: Physical characteristics or actions, scars, marks, or tattoos, medical equipment (insulin pumps, oxygen)

Description of Exceptionality: Any diagnosis, medical conditions, triggers, calming techniques

Locations they may go if unattended and communication type: verbal, non-verbal, ASL, understands speech but does not respond

*Emergency Contact Name: _____

Address: _____ City: _____

Zip: _____ US State: _____

*Cell Phone: _____

Work Phone: _____

*Relationship to individual: _____

Photo/info will not be distributed to the public or used for any advertisement or publication.
Photo/info will only be shared with law enforcement officials in emergency situations.

Parent/Guardian _____ Date _____