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Flowood Police Department

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ALDERMEN

KIMBERLY BUFORD

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KIRK B. McDANIEL

MICHAEL PRESTAGE

SETH ROBBINS

Welcome to the Flowood Police Department Special Needs Sign-Up Program

Dear Resident,

Thank you for taking the time to enroll in the Flowood Police Department's Special Needs Sign-Up Program. This voluntary initiative was created with the goal of improving safety and enhancing communication between first responders and members of our community who may have special needs.

This program allows residents and businesses to provide important information about individuals with physical, developmental, medical, or mental health conditions that may affect their ability to communicate or respond during an emergency. By proactively sharing this information, you help ensure that police officers, fire personnel, and emergency medical services are better prepared to respond with the understanding, care, and resources needed in a crisis.

Whether it's at a home, school, workplace, or business, knowing what to expect before arriving at a scene can make a critical difference. From autism spectrum disorders to Alzheimer's disease, from mobility challenges to non-verbal communication needs—having this information can help us protect and serve more effectively and with greater compassion.

All information collected through this program is kept secure and confidential, and will only be used by authorized emergency responders when responding to a call involving the registered individual or location.

We are proud to serve a diverse and vibrant community, and we are committed to doing so with respect and awareness for every individual's needs. Thank you for partnering with us to help keep Flowood safe for all.

If you have any questions or need assistance with completing the form, please don't hesitate to contact us at the Flowood Police Department 601-932-5400.

Sincerely,
Eric Zetterholm
Chief of Police
Flowood Police Department

CITY OF FLOWOOD, MISSISSIPPI

SPECIAL NEEDS / DISABILITY VOLUNTARY REGISTRY FORM

Confidential – Public Safety Use Only

(To assist first responders during emergencies involving individuals with special needs)

SECTION 1: INDIVIDUAL INFORMATION

- Full Name: _____
- Date of Birth: ____ / ____ / ____
- Primary Language: _____
- Home Address: _____
- City: _____ Zip Code: _____

SECTION 2: CONTACT INFORMATION

- Parent/Guardian Name: _____
- Relationship to Individual: _____
- Primary Phone: (____) – ____
- Alternate Phone/Contact: _____

SECTION 3: VOLUNTARY DISCLOSURE OF CONDITION

- Does the individual have a condition (such as Autism, Alzheimer's, or similar) that may affect communication or behavior during emergencies?

☐ Yes ☐ No Optional details:

- Known **triggers** to avoid (sirens, lights, touch, etc.):

- Preferred **communication methods** or approaches:

- Calming techniques or items that may help:

- Safety concerns (e.g., running, hiding, sensitivity to uniforms, etc.):

- Pets or hazards at the residence?

SECTION 4: CAD ALERT CONSENT (Optional)

Would you like this information entered into our Computer-Aided Dispatch (CAD) system to alert first responders during emergency calls at this address?

☐ Yes ☐ No

SECTION 5: DISCLAIMER & RELEASE OF LIABILITY

By signing below, I confirm that:

- The information I have provided is **voluntary** and may be used **only** by law enforcement, EMS, fire, or dispatch for public safety purposes.
- I understand this form is not a guarantee of outcome and is intended to assist responders in communicating or interacting more effectively during emergencies.
- I authorize this information to be stored confidentially by the City of Flowood, Mississippi.
- I release the City of Flowood, Mississippi, its employees, and agents from liability for the good-faith use of this information during emergency response.

Signature of Parent/Guardian/Caregiver: _____

Printed Name: _____

Date: ____ / ____ / ____