



FAIRFIELD EMERGENCY COMMUNICATION CAD SPECIAL NEEDS ALERT FORM

In an effort to provide pertinent response information to the Town of Fairfield Emergency Services personnel responding to your residence during an incident, this form has been developed. It is helpful to have any information on those persons - specifically children - with special needs that will help us prepare while responding, and may help to calm a situation or determine additional resources that might be required. Information such as "My child is afraid of loud noises, he or she wanders, is fixated on uniforms, has autism, is hard of hearing" prepares our responders to adapt their response, and ensures that they understand what they may encounter and what the special needs of your child may be. We are preparing our personnel for additional training in the response to calls involving persons with disabilities, so responders can quickly recognize, understand, and not misinterpret their actions.

This voluntary program allows us to input the information you provide into our 911 system and will be available for responders while on their way to your home. Should you choose to take advantage of this response ability, you should be aware of the following:

- The program is completely voluntary, and you choose the information you wish to provide.
- Information may be broadcast over radio channels which may be heard by the general public.

Please complete and sign the below sections with information you wish to provide, and return it to

**Captain Donald Smith
Fairfield Police Dept.
100 Reef Rd
Fairfield, CT 06824**

(Remove and return)

Location/Address: _____

Name of Subject of Alert: _____ Age: _____

Type of Special Needs for Alert: _____

Alert/Special Needs message:

Authorizing person: _____ Signature: _____

Contact Telephone (for verification purposes): _____