



BOSSIER SHERIFF'S OFFICE

JULIAN C. WHITTINGTON, SHERIFF

I am requesting that the Bossier Sheriff's Office enter the following information into their computer system to alert public safety responders that my child/family member has a disability & may not respond to them during a traffic stop/emergency.

PERSONAL INFORMATION:

Full Name of Parent/Guardian: _____

Emergency Contact Number: _____

Name of Person with Special Needs: _____

Address of Person with Special Needs: _____

Date of Birth: _____ Sex _____ Race _____ Height _____ Weight _____

Eye Color _____ Hair Color _____ State/Driver's License/ID # _____

TYPE OF SPECIAL NEEDS (SELECT ALL THAT APPLY):

- Autism Down Syndrome Dementia Alzheimer's Blind
- Deaf Cerebral Palsy Paralysis Combative PTSD
- Epilepsy Slurred Speech Stroke Survivor Auditory Impairment

Other (Please specify): _____

Primary sensory concerns a Responder should be aware of: _____

Please provide any specific directions or commands that the public safety responder may need to follow to communicate with the special needs person.

VEHICLE INFORMATION: (Decals are limited to 3 per application)

1. YEAR: _____ MAKE: _____ MODEL: _____ COLOR: _____
LICENSE PLATE # _____ DRIVER NAME: _____
2. YEAR: _____ MAKE: _____ MODEL: _____ COLOR: _____
LICENSE PLATE # _____ DRIVER NAME: _____
3. YEAR: _____ MAKE: _____ MODEL: _____ COLOR: _____
LICENSE PLATE # _____ DRIVER NAME: _____

- I understand the information provided is confidential and will only be used for the responder's purpose.
- I understand the decals may only be placed on a vehicle used for transporting a person with Special Needs.
- I agree to place the decal on the Driver's Side back window of said vehicle.
- I will notify the Bossier Sheriff's Office if this information changes or is no longer needed

SIGNATURE OF LEGAL GUARDIAN OR DISABLED _____

DATE _____