

NewApplication
 Renewal
 Update

Instructions:

Please fill out the application completely information requested is required by law to issue an alert.
 Please include a recent picture of the applicant picture should be large and clear without a busy background.
 Please provide medical documentation of mental impairment documentation is required by law in order to issue alert.

1. Applicant's Information- Please provide the following information on the person participating in the program.

Last Name			First Name			Middle Name		
<input style="width: 100%;" type="text"/>			<input style="width: 100%;" type="text"/>			<input style="width: 100%;" type="text"/>		
Nickname or Alias			Date of Birth			License/ID Number		
<input style="width: 100%;" type="text"/>			<input style="width: 100%;" type="text"/>			<input style="width: 100%;" type="text"/>		
Social Security Number			Home Phone			Cell Phone		
<input style="width: 100%;" type="text"/>			<input style="width: 100%;" type="text"/>			<input style="width: 100%;" type="text"/>		
Address (must be a Ellis County resident)						Race		Skin Tone
<input style="width: 100%;" type="text"/>						<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>
Gender		Height	Weight	Hair	Eyes		Facial Hair	Glasses
<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>	<input type="radio"/> Yes <input type="radio"/> No

List/Describe any scars, marks, tattoos, amputations, prosthetics, deformations in the space provided.

Physical Characteristic	Location	Description
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

List favorite attractions or locations where the individual may be found in the space provided.

List favorite toys, topics of discussion, likes or dislikes.

Method of preferred communication (verbal, sign language, written words, songs, phrases s/he may respond to).

I.D./Medical Alert jewelry, GPS/Tracking Device ~~GPS~~ is worn, provide manufacturer and transmitter number.

Public safety hazard information. If applicant may become combative if restrained, confronted, etc., provide information below

Provide any other information about the individual that may be helpful.

2. Medical Information - Provide the following medical information including the name of the condition causing mental impairment.

Primary Care Physician	Phone Number	After Hours Number

Physician documentation of mental impairment attached? Yes No Notice: Documentation required to issue alert.

All Medical Conditions (including diagnosis of mental impairment)	
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Prescribed Medications	
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Drug/Other Allergies	
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3. Vehicle Information - Please provide information for any vehicle the applicant has access to, regardless of current driving status.

Year	Color	Make	Model	License Plate
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Distinguishing marks, stickers, body damage:	
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Year	Color	Make	Model	License Plate
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Distinguishing marks, stickers, body damage:	
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4. Emergency Contact Information - Please provide the following information for other primary caregivers and emergency contacts.

Last Name	First Name	Cell Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>

Home Phone	Address
<input type="text"/>	<input type="text"/>

City	State	Zip Code	Alternate Contact Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Last Name	First Name	Cell Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>

Home Phone	Address
<input type="text"/>	<input type="text"/>

City	State	Zip Code	Alternate Contact Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Last Name	First Name	Cell Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>

Home Phone	Address
<input type="text"/>	<input type="text"/>

City	State	Zip Code	Alternate Contact Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please complete the Affidavit of Consent for yourself, or the Affidavit of Consent for 3rd Party for a Child or other Dependent Family Member.

Signature

Print Name

Date

E-mailAddress

*****FOR OFFICE USE ONLY - DO NOT WRITE BELOW THIS LINE*****

Received By	Date Received	Time Received
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	Initial		Initial
Applicant name record created?		Emergency contact name record created?	

Alert added to applicant name record?	<input type="checkbox"/>	Emailed IT support to add address to GIS map?	<input type="checkbox"/>
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Premise alert added to applicant address?	<input type="checkbox"/>	Emailed beat officer?	<input type="checkbox"/>
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Packet scanned into applicant name record?	<input type="checkbox"/>	Name record entries/scans/etc verified by?	<input type="checkbox"/>
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