Disability Accommodation Registry

Contact Information:
Name: ___________________________ Phone Number: ___________________________
Address: ___________________________ Street ___________________________ City ___________________________ State ___________________________ Zip ___________________________
Homeowner: [ ] Renter: [ ]

Person with Condition:
Name: ___________________________ Date of Birth: ___________________________ Age: ___________________________
Address: ___________________________ Street ___________________________ City ___________________________ State ___________________________ Zip ___________________________
Race: [ ] Select One: ___________________________ Sex: [ ] Select One: ___________________________ Weight: ___________________________ Height: ___________________________ Hair: [ ] Select One: ___________________________ Eye: [ ] Select One: ___________________________
Glasses: [ ] Yes [ ] No
Scars, Marks, or Identifying Features: ___________________________
Vehicle Information: Make: ___________________________ Model: ___________________________ Year: ___________________________
Tag: ___________________________ Color: ___________________________
Does the individual have a tracking service? [ ] Yes [ ] No
Transmitter Number: ___________________________ Service Provider: ___________________________

Reason for Caution (check all that apply):
[ ] Medical Condition [ ] Mental Disability [ ] Physical Disability
[ ] Safety Consideration [ ] Autism [ ] Other:
[ ] Verbal [ ] Non-Verbal [ ] Verbal [ ] Non-Verbal

Date Entered: ___________________________

Description of Caution:
Condition/Disability: ___________________________

Safety Considerations (Please describe in detail):

Additional Information: ___________________________

IMPORTANT: By completing this questionnaire, I acknowledge that the information provided above was done so voluntarily for the sole purpose of assisting the Mauldin Police and Fire Department, to more effectively respond to a potential emergency within my household. I also understand providing this information does not entitle my household to preferential treatment, nor will it result in a more timely response by emergency response personnel. It is simply an attempt to provide police and fire personnel with information, which may be helpful when providing services to the occupants of my home.

Name: ___________________________ Date: ___________________________

Upon receipt of this questionnaire, a representative of the Mauldin Police Department will contact you to verify the information listed above. If you have not received a phone call within five days, please contact Sgt. McCord at (864) 289-8964.

This document can be submitted by clicking the submit button below or faxing the document to the Mauldin Police Department at (864) 289-8912.

In some incidents, you may have to save a copy of this form to your hard drive and send as an attachment through your email provider to: awareness@mauldinpolice.com.

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