



# SPECIAL NEEDS ALERT PROGRAM PHYSICIAN VERIFICATION FORM

Dear Physician,

As part of the applicant's *SNAP Program Eligibility Application*, you are being asked to provide information about his/her disability and functional abilities. Special Needs Alert Program, or SNAP, assists First Responders (Police and Fire) to be more responsive during emergencies to residents of the City of Redding with special needs. Maintained by the Redding Police Department, the program can help first responders identify those who cannot identify themselves due to a disability or special need.

The Redding Police Department will use this information to determine eligibility for the Special Needs Alert Program. If you have questions about the eligibility process, please call the Redding Police Department at (530) 225-4200.

## 1. Complete for All Applicants: Applicant Summary

Applicant's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

1. In what capacity do you know the applicant? \_\_\_\_\_

2. When was your last evaluation of the applicant? \_\_\_\_\_

3. What is the applicant's disability?

Intellectual, cognitive, or vision disability

Other impairment disability: \_\_\_\_\_  
Impairment disability includes any loss or abnormality of psychological (mind), physiological (organ/cell/tissue/system), or anatomical (body) structure or function.

Not disabled

4. Special Needs (*select all that apply*)

- \_\_ Visually Impaired
- \_\_ Legally Blind
- \_\_ Hearing Impaired
- \_\_ Deaf
- \_\_ Immobile
- \_\_ Non-verbal
- \_\_ Seizure Disorder
- \_\_ Speech Impaired
- \_\_ Prosthesis
- \_\_ Cerebral Palsy
- \_\_ Down's Syndrome
- \_\_ Muscular Dystrophy
- \_\_ Mood Disorder/ Mental Illness
- \_\_ Paralysis (full or part)
- \_\_ Parkinson's
- \_\_ Alzheimer's / Dementia
- \_\_ Autism Spectrum Disorder
- \_\_ Asperger Syndrome
- \_\_ Cognitively / Developmentally Delayed

5. Special Considerations (*select all that apply*)

- \_\_ Responds Well to Touch
- \_\_ Light / Siren Sensitivity
- \_\_ Sound Sensitivity
- \_\_ Uses Hearing Aids
- \_\_ Color Sensitivity
- \_\_ Has High Pain Tolerance
- \_\_ Wheelchair / Walker / Cane
- \_\_ Tendency to Wander
- \_\_ Fascination with Water
- \_\_ Tendency to Hide
- \_\_ Responds to Verbal Commands
- \_\_ Communication / Speech Delay
- \_\_ Communicates with PECS
- \_\_ Communicates with Sign Language
- \_\_ Scared of Fast Movements / Crowds

## 2. Complete if the Applicant has an Intellectual or Cognitive Disability

1. Describe how this disability functionally qualifies the applicant for SNAP:

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2. Does the applicant rely upon the assistance of a personal care attendant?

Yes \_\_\_ No \_\_\_ Don't Know \_\_\_ *If yes, explain:* \_\_\_\_\_

3. Does the applicant demonstrate behavioral or social problems (i.e., aggressive or overly friendly)?

Yes \_\_\_ No \_\_\_ Don't Know \_\_\_ *If yes, explain:* \_\_\_\_\_

## 3. Complete if the Applicant has a Vision Disability

1. Describe how this disability functionally qualifies the applicant for SNAP:

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2. Does the applicant use mobility aids?

Yes \_\_\_ No \_\_\_ *If yes, circle those used:*

Cane or Pedestrian Aid / Guide Animal / Braille Signs or Labels / Magnifier / Electronic Device / Other

3. Is this visual impairment temporary?

Yes \_\_\_ No \_\_\_ Don't Know \_\_\_ *If yes, how long will it last:* \_\_\_\_\_

## 4. Complete if the Applicant has a Mobility Impairment

1. Describe how this disability functionally qualifies the applicant for SNAP:

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2. Does the applicant use mobility aids?

Yes \_\_\_ No \_\_\_ *If yes, circle those used:*

Manual Wheelchair / Electric Wheelchair / Electric Scooter / Cane / Walker / Crutches / Leg Braces / Other

3. How far can the applicant walk with their mobility aid or travel in their wheelchair/scooter?  
Less than 1 block \_\_\_ 1-2 blocks \_\_\_ 3-6 blocks \_\_\_ 7+ blocks \_\_\_ Don't Know \_\_\_
4. Is this mobility impairment temporary?  
Yes \_\_\_ No \_\_\_ Don't Know \_\_\_ *If yes, how long will it last.* \_\_\_\_\_

### 5. Complete if the Applicant has Other Impairment

1. Describe how this disability functionally qualifies the applicant for SNAP:

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2. Does the applicant demonstrate behavioral or social problems?

Yes \_\_\_ No \_\_\_ Don't Know \_\_\_ *If yes, explain:* \_\_\_\_\_

### 6. Complete for All Applicants: Physician Certification

By my signature, I certify that this information is true and correct. I understand that all information will be kept confidential. Additionally, I understand that the falsification of information may be penalized, including the denial of service for the applicant.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_ California License # \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

### 7. Complete for All Applicants: Return the Completed Form to the Redding Police Department

*By mail:*

Redding Police Department  
RE: SNAP  
777 Cypress Avenue  
Redding, CA 96001