



# HINSDALE POLICE DEPARTMENT

## SPECIAL NEEDS PROGRAM APPLICATION

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_ Zip: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Male \_\_\_\_ Female \_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Hair Style: \_\_\_\_\_

Eye Color: \_\_\_\_\_ Glasses: Yes \_\_\_\_ No \_\_\_\_ Facial Hair: \_\_\_\_\_

Scars/Marks/Tattoos \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone (applicant): \_\_\_\_\_

Condition/Disability: \_\_\_\_\_

Misc. Information: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Guardian Signature: \_\_\_\_\_

By signing and returning this form, you acknowledge this information will be shared with the Hinsdale Police Department Dispatch Center. Please attach a **current photo** of the Special Needs individual. Notify Officer Karen Kowal at 630-789-7070 or [kkowal@villageofhinsdale.org](mailto:kkowal@villageofhinsdale.org) with any changes.