



- Step 1: SAVE application to your desktop or documents folder. Go to file save as or right click on application in the web page and save as.
- Step 2: Go to saved application on your desktop or documents folder and click to open
- Step 3: Fill out application. DO NOT FILL OUT ON THE WEB PAGE. Follow step 1 & 2.
- Step 4: Save file.
- Step 5: Go back to web page and fill in your first name, last name, email, phone.
- Step 6: Upload application. Click on Select File. Find saved application from your desktop or documents folder. Click on it and hit Open.
- Step 7: Click Submit. You will receive an email letting you know it was submitted.

Person with Disability-Information

The information below is for the person with a disability only. Do not put your personal information.

New Form or Renewal/Update: New _____ Renew _____ Update _____

Last Name: _____ First Name: _____

Middle Name: _____ Suffix: _____ (Jr, Sr, I, II, III)

Street Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Phone Type: (Business, cell, emergency, home, primary)

DOB: _____ SSN: _____ Driver's License: _____ State: _____

Race: _____ Sex: _____ Hgt: _____ Wgt: _____ Eyes: _____ Hair: _____

School/Employer: _____

Known Associates: (Parents, siblings, grandparents, friends, boyfriend/girlfriend, acquaintance, etc.)

Aliases/Nicknames: _____

Vehicles: _____

Scars, Marks, Tattoos: _____

Handicaps: _____

Type of disability or disabilities: _____

Language(s) Spoken: _____

Method of Communication (Verbal, Sign language, use of tablet, etc.): _____

Identification Worn or Available: _____

Does person have wandering tendencies? _____ Yes** _____ No

**West Fargo residents are eligible to sign up for Project Lifesaver through the West Fargo Police Department. Please visit <https://westfargond.gov/841/project-lifesaver-program> for more information.

Common characteristics displayed or repetitive behaviors: _____

Favorite attractions and locations where person may be found: _____

Best methods of approach (include approach and de-escalation techniques): _____

Life threatening medical concerns: _____

Any other relevant information: (Information such as: favorite toys, names most likely to generate a positive response, reinforcers that are used, suggestions for cooperation (ie. likes to hold pens). **Information on what not to do to be included (ie: physical touch and/or direct eye contact, bright lights, loud noises, etc)**

Primary Emergency Contacts

Name 1: _____

Mobile Phone: _____ Home Phone: _____ Work Phone: _____

Relationship: _____

Name 2: _____

Mobile Phone: _____ Home Phone: _____ Work Phone: _____

Relationship: _____

Address (if different from above): _____ City: _____

Work Address _____ City: _____ State: _____

Secondary Emergency Contact

Name: _____

Mobile Phone: _____ Home Phone: _____ Work Phone: _____

Relationship: _____

Address (if different from above): _____ City: _____

Work Address _____ City: _____ State: _____

Other Emergency Contact

Name: _____

Mobile Phone: _____ Home Phone: _____ Work Phone: _____

Relationship: _____

Address (if different from above): _____ City: _____

Work Address _____ City: _____ State: _____

Additional documentation required:

1. Current photograph of individual. If not available, please schedule an appointment to have photograph taken at the Police Department.
2. Proof of guardianship or proof that individual is a minor.

Through this document, the safeTY jacket program will collect information that can identify you or a family member. Such identifying information may include your name, date of birth, email, address, and other personal data when it is **voluntarily** submitted. The safeTY jacket program will use your personal data to respond to requests you make of us and/or interacting with the persons named. We may refer to your personal data to better understand your needs and how we can improve our services in relation to you and/or your family. It is acknowledged that it is your responsibility to ensure that the information so collected is current and valid, and that the safeTY jacket program is notified in writing of any changes. All information will remain confidential and is NOT a public record. It shall only be used for its intended purpose, to protect and endangered person.

Name of individual filing form: _____

Address: _____

Relationship to individual: _____

Signature of individual or guardian: _____