



## **NORTHAMPTON PUBLIC SAFETY INFORMED RESPONSE PROGRAM PERSON-SPECIFIC INFORMATION FOR FIRST RESPONDERS**

The Northampton Fire and Police Departments seek to serve all the residents of the community with the utmost respect and dignity. The City of Northampton has created this accessibility request form to notify first responders of individuals who have certain accessibility requirements due to their disability.

The attached, two-sided form allows residents to relay information that can assist our Public Safety Responders to interact with or help locate residents that may need additional assistance. The information on both sides will remain confidential and will be entered into our computer system to be accessed in the event that a call for service involves the listed individual.

This form is available on-line on the Dispatch page at [www.northamptonma.gov](http://www.northamptonma.gov) or [www.northamptonpd.com](http://www.northamptonpd.com) or can be picked up in person at the following locations:

- Northampton Fire Rescue Headquarters -26 Carlon Dr.
- Northampton Police Department - 29 Center St.
- Northampton Senior Center – 67 Conz St.
- Mayor’s Office at City Hall – 210 Main St.

Please return the completed form and a photograph to the Northampton Public Safety:

Email - [InformedResponse@northamptonma.gov](mailto:InformedResponse@northamptonma.gov)

In Person - 26 Carlon Dr. (In an envelope labeled Informed Response Program)

Fax – 413-587-1158

If you would like assistance completing the form, please contact the ADA Coordinator at: [adacoordinator@northamptonma.gov](mailto:adacoordinator@northamptonma.gov)

All information is kept CONFIDENTIAL and can be removed per request of the resident.

Any changes or updates shall be made by submitting a new form.



**NORTHAMPTON PUBLIC SAFETY  
INFORMED RESPONSE PROGRAM  
PERSON-SPECIFIC INFORMATION FOR FIRST RESPONDERS**

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

Individual's Name: \_\_\_\_\_  
(First) (M.I.) (Last)

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Does the Individual live alone?  Yes  No

Attach current  
photo here

**INDIVIDUAL'S PHYSICAL DESCRIPTION**

Pronoun:	Height:	Weight:	Eye Color:	Hair Color:
Scars or other identifying marks:				
Primary Diagnosis/Disability:				
Other Relevant Medical Conditions / Behaviors in addition to Primary Diagnosis/Disability ( <i>check all that apply</i> ):				
<input type="checkbox"/> No Sense of Danger	<input type="checkbox"/> Vision Impairment	<input type="checkbox"/> Hearing Impairment	<input type="checkbox"/> Non-Verbal	
<input type="checkbox"/> Prone to Seizures	<input type="checkbox"/> Cognitive Impairment	<input type="checkbox"/> Combative/Aggressive		
<input type="checkbox"/> Other ( <i>please explain</i> ): _____				
Prescription Medications Needed:				
Sensory or Dietary Issues, if any:				
Additional Information First Responders may need:				

**EMERGENCY CONTACT INFORMATION**

Name of Emergency Contact (Parents/Guardians, Head of Household/Residence, or Care Providers):
Emergency Contact Address ( <i>Street, City, State, Zip</i> ):
Emergency Contact Phone Numbers:
<i>Home:</i> _____ <i>Work:</i> _____ <i>Cell Phone:</i> _____
Name of Alternate Emergency Contact:
Alternate Emergency Contact Phone Numbers:
<i>Home:</i> _____ <i>Work:</i> _____ <i>Cell Phone:</i> _____

**INFORMED RESPONSE FORM – Continued**

**INFORMATION SPECIFIC TO THE INDIVIDUAL**

Method of Preferred **NON-VERBAL** Communication (*sign language, picture boards, written words, communication devices, I-Pads, etc.*):

Method of Preferred **VERBAL** Communication (*preferred words, sounds, songs, phrases they may respond to*):

Favorite attractions or locations where the individual may be found:

Atypical behaviors or characteristics of the individual that may attract the attention of Responders:

Individual's favorite toys, objects, music, discussion topics, likes or dislikes:

Identification information, including where it is located (*i.e., Does the individual carry or wear jewelry, tags, ID card, medical alert bracelets, etc?*):

Tracking Information (*Does the individual have any tracking devices?*):

Cell Phone Information (*Phone number, provider, name of person in charge of account*):

Any Other Pertinent Information (*Could include locations of keys for access, pets, vehicle information, etc*):

**SUBMITTED BY** (*Parent/Guardian*): \_\_\_\_\_

**\*\*I understand and acknowledge that there is no expectation that first responders have prior knowledge of the person or information contained in the alert form. This form is not intended to provide assurances to any party that the information will be used in any given situation.\*\***

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