



# S.A.F.E.R Program

Milwaukee Police Department  
749 W. State St., Milwaukee, WI 53233  
(414) 933-4444  
<https://city.milwaukee.gov/police>



Registering for the S.A.F.E.R. program is intended to assist first responders with individuals who require additional or unique support due to physical, developmental, intellectual, emotional, or behavioral conditions. This information will remain confidential, for official use only, and only used by the City of Milwaukee's Fire or Police departments, and the Department of Emergency Communications. **Information provided will be purged after one year; however, you may resubmit the information yearly.**

*Mandatory Field		PERSON WITH SPECIAL NEEDS			<input type="checkbox"/> Renewal Application	
*Last Name:		*First Name:		Middle Name:		
*Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		*Race:		*Date of Birth:		
*Home Address:			*City:	*State:	*Zip Code:	
Enter secondary address if the person with special needs does not live in the City of Milwaukee, but frequents another location such as a care center, work, or school. In this case, the secondary address will be the address entered into the computer-aided dispatch (CAD) system. If the person with special needs lives in the City of Milwaukee and has a secondary address, both locations will be entered into the CAD system.						
Secondary Address: (Must be in City of Milwaukee)					Zip Code:	
*Height:	*Weight:	*Eye Color:	*Hair Color:	Phone Number:	Cell Provider:	
Nickname / Preferred Name:		Scars / Marks / Tattoos:		*Primary Diagnosis / Disability:		
Other Relevant Conditions: <input type="checkbox"/> No Sense of Danger <input type="checkbox"/> Blind <input type="checkbox"/> Deaf <input type="checkbox"/> Non-Verbal <input type="checkbox"/> Seizures <input type="checkbox"/> Cognitive Impairment <input type="checkbox"/> Combative / Aggressive <input type="checkbox"/> Other (Please Describe) _____						
Weapons in Home: <input type="checkbox"/> Yes <input type="checkbox"/> No		List Weapons:		Alcohol / Drug Issues:		
Prescription Medications:						
Sensory Issues:						
Primary Language:		Preferred Method of Communication (verbal, written, sign, etc.):				
Identification Worn / Used (jewelry, medical alerts, GPS tracking device, ID card, etc.):						

Additional locations this person may be found at:			
Best approach methods with this person:			
Favorite toys, objects, music, discussion topics (things that calm or relaxes):			
Person's triggers / dislikes:			
<b>Emergency Contact</b>			
Name:		Relationship:	
Address:			
Cell Phone:	Home Phone:	Work Phone:	
<b>Submitting Person</b>			
*Name:		*Relationship:	
*Address:			
*Cell Phone:	Home Phone:	Work Phone:	
<p><b>IMPORTANT: REVIEW THE FOLLOWING BEFORE COMPLETING, SIGNING, AND SUBMITTING FORM:</b></p> <p>Filing out this form is strictly voluntary. Information provided may be made available to the Milwaukee Fire and Police departments and the Department of Emergency Communications to aid in the response of first responders to enhance awareness and preparedness. Responding personnel will continue to use established protocols when responding to calls for service. Participation in this program does not confer additional legal rights to the individual(s) listed herein. Information provided does not supersede the professional judgment of responding personnel and may not be readily available to responding personnel based on the particular circumstances in each specific case. The information provided may be subject to disclosure under WI Stat. § 19.35, except as otherwise exempted by law. By completing this form, you acknowledge that you have read and understand the entire document, and that the information provided is accurate, and that you are an authorized caretaker or guardian of the person with special needs.</p> <p><b><u>Information provided will be purged after one year; however, you may resubmit the information yearly.</u></b></p>			
*Signature:		*Date:	
<b>Office Use Only:</b>			
Received/Verified By:	Employee ID:	Work Location:	Date:
Supervisor Approved By:	Employee ID:	Work Location:	Date: