



Department of Police

CITY OF BELLEVILLE
720 WEST MAIN STREET
BELLEVILLE, ILLINOIS 62220-1538



Voluntary A.I.D. Form

(Autism and Individuals with Disabilities)

Please ensure that the voluntary application is completely filled out. The information provided can be used by the Belleville Officers to identify individuals or issue alerts for them. A recent picture that is clear and has a plain background should be included, along with any medical documentation of mental impairment.

Name (Last, First, Middle Initial)

Nickname or Alias

Date of Birth

Address

Primary Phone Number

License / ID Number

Type of Disability

Gender

Height

Weight

Hair

Eye

List/ Describe any Scars, Marks, Tattoos, Amputations, Prosthetics, Facial Hair, Glasses, or Special Identification Indicators, including the location on the body if relevant.

Method of preferred communication (verbal, sign language, written, songs, phrases).

I.D./Medical Alert Jewelry, GPS/Tracking Devices. If GPS is worn, provide the manufacturer and transmitter number.

Front and Back Sides

List three (3) Emergency Contacts for Applicant:

Name (Last, First, Middle Initial)

Address

Primary Phone Number Alternative Contact Number Relation to Applicant

Name (Last, First, Middle Initial)

Address

Primary Phone Number Alternative Contact Number Relation to Applicant

Name (Last, First, Middle Initial)

Address

Primary Phone Number Alternative Contact Number Relation to Applicant

Authorization

I hereby authorize the City of Belleville Police Department and its representatives to share the information provided in this application as necessary to locate the applicant in case they are reported missing, in danger, or otherwise requiring law enforcement assistance.

I acknowledge that the personal information may be shared with other public safety agencies, media outlets, volunteer organizations, and the general public. I understand that the City of Belleville Police Department and its representatives are not responsible for any misuse of the personal information provided.

Signature

Name

Date