



SPECIAL NEEDS RESIDENTIAL FORM

What Would You Like to Do? Please Choose One

- Input information for first time Remove information
 Change original information

About the Person with Special Needs:

Name of Special Needs Individual: _____ Age: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Diagnosis: _____
exp: (Autism, Alzheimer's, Down Syndromes, MRDD, etc)

Please Check All That Apply

- Someone at this location is blind or visually impaired
- Someone at this location has cognitive impairment that can involve memory, language, thinking and judgement issues
- Someone at this location is hard of hearing or deaf
- Someone residing at this location is physically linked to equipment required to sustain his or her life
- Someone residing at this location is bedridden, uses a wheelchair, or has a mobility impairment
- Someone at this location has a psychiatric impairment
- Someone at this location has a speech impairment
- Someone at this location may be using an electronic device for text communication utilizing a telephone line

General Symptoms - Check All that Apply

- | | |
|---|---|
| <input type="checkbox"/> Non-Verbal | <input type="checkbox"/> Fears Flashing Lights |
| <input type="checkbox"/> Medically Fragile | <input type="checkbox"/> Fears Being Touched |
| <input type="checkbox"/> On Medication | <input type="checkbox"/> Fears Loud Noises |
| <input type="checkbox"/> Medical Alert Status | <input type="checkbox"/> Tourette's Syndrome |
| <input type="checkbox"/> Seizures | <input type="checkbox"/> Experiences Sensory Overload |
| <input type="checkbox"/> Flight Risk | <input type="checkbox"/> Bed Ridden |
| <input type="checkbox"/> Aggressive in New Situations | <input type="checkbox"/> Hearing Impaired |
| <input type="checkbox"/> May Hurt Themselves | <input type="checkbox"/> Blind |

Is there any other helpful information you can share:

Your Information

Your Name: _____

Your Email: _____

Your Phone Number: _____

Please note than any information you submit is subject to public records requests. If you have questions about the special needs form, contact the Clermont County Communications Center at 513-732-2231 or by email at jmwiederhold@clermontcountyohio.gov. Submit this form by fax to 513-732-1325 or by mail to the address below.