BOARD OF COUNTY COMMISSIONERS

CLERMONT COUNTY, OHIO

EDWIN H. HUMPHREY DAVID L. PAINTER DAVID H. UIBLE

SPECIAL NEEDS RESIDENTIAL FORM

What Would You Like to Do? Please Choose One

- ☐ Input information for first time
- ☐ Please remove information
- ☐ Change original information

About the Person with Special Needs

Name of Special Needs Individual: _____ Age: _____

Address: _____City: _____ State: ____ Zip Code: _____

Care Givers' Name: _____

Primary Phone Number: _____ Secondary Phone Number: _____

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 a cognitive impairment that can involve memory, language, thinking and judgment 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

COMMUNICATIONS CENTER
2279 CLERMONT CENTER DRIVE, BATAVIA, OHIO 45103
TELEPHONE: (513) 732-7777

General Symptoms

- ☐ Non-Verbal
- ☐ Medically Fragile
- ☐ On Medication
- ☐ Medical Alert Status
- ☐ Seizures
- ☐ Flight Risk
- ☐ Aggressive in New Situations
- ☐ May Hurt Themselves
- ☐ Fears Flashing Lights
- ☐ Fears Being Touched
- ☐ Fears Loud Noises
- ☐ Tourette's Syndrome
- ☐ Experiences Sensory Overload
- ☐ Bed Ridden
- ☐ Hearing Impaired
- ☐ Blind

Is there any other helpful information you can share?

_____

_____

_____

_____

_____

_____

_____

_____

Your Information

Your Name: _____

Your Email: _____

Your Phone Number (If different than above): _____

Please note that any information you submit is subject to public records requests.
If you have questions about the special needs form, contact Clermont County Communications Center 9-1-1 Director John Kiskaden at (513) 732-7777 or by e-mail jkiskaden@clermontcountyohio.gov.
Submit this form by fax to (513) 732-8045. Submit by mail to the address below.

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