



BOARD OF COUNTY COMMISSIONERS
CLERMONT COUNTY, OHIO

ROBERT L. PROUD EDWIN H. HUMPHREY ARCHIE WILSON

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
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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@co.clermont.oh.us. Submit this form by fax to (513) 732-8045. Submit by mail to the address below.