

Special Needs **S N A P** Alert Program



Special Needs Alert Program (SNAP) Coordinator
Office of EMS Blue Hen Corporate Center 655 Bay Road Suite 4H Dover, DE 19901
Voice 302-744-5415 Fax: 302-744-5429
SNAP materials in English and Spanish: www.dhss.delaware.gov/dph/ems/esmcsnap/html



Identify your child as a SNAP child when placing a 911 call.

Dear Parent or Guardian,

To enroll your child in the Special Needs Alert Program (SNAP), please complete the following forms.

- The Enrollment Form
- The Home Visit Information (or Home Information) Form (This should contain your child's diagnosis and allergies. If your child does not speak, please let us know how he or she communicates.)
- The Emergency Information Form (This must be completed and signed by your child's physician.)
- The Consent Form

You will receive a call from our office when your paperwork arrives.

Thank you for enrolling your child in SNAP.

Sincerely,
SNAP Coordinator

Where to Keep Your SNAP Information

Home:

Please keep a copy on your refrigerator. Emergency personnel will often look here for special health information

Daycare, After School Care, or a Day Program:

Please send a copy of the Emergency Information Form, and your contact information to the individual who provides medical care to your child.

School:

Send a copy of the Emergency Information Form and a note stating your child is enrolled in the SNAP Program to the school nurse.

Relatives:

Share SNAP information with relatives who provide care for your child.

Personal Vehicles:

Keep a copy of SNAP information on your child's specialized safety seat, and a copy in the glove compartment.

School Bus or Public Transportation:

Keep a copy in your child's book bag, wallet or purse, and on their wheelchair or seating device.



DELAWARE HEALTH AND SOCIAL SERVICES
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