NORTHBOROUGH POLICE DEPARTMENT

211 MAIN ST, NORTHBOROUGH MA 01532 • PHONE: 508.393.1515 • WWW.NORTHBOROUGHPD.COM • BRIAN T. GRIFFIN, CHIEF OF POLICE

AT-RISK / VULNERABLE PERSON REGISTRATION FORM

This form is used to collect critical information to assist emergency personnel in responding appropriately and compassionately to individuals who may need additional support during emergencies. Completed forms can be submitted in-person, by mail or via email to: **dispatch@town.northborough.ma.us**

PERSON-AT-RISK PERSONAL INFORMATION

UPLOAD PHOTO HERE

FULL NAME: _____

DATE OF BIRTH: _____

PREFERRED NAME/NICKNAME: _____

GENDER: ☐ MALE ☐ FEMALE ☐ OTHER: _____

PRIMARY LANGUAGE: _____

ADDRESS: _____

PHONE NUMBER: _____

SCHOOL / DAY PROGRAM / EMPLOYER (IF APPLICABLE): _____

ADDRESS: _____ PHONE: _____

EMERGENCY CONTACTS

PRIMARY CONTACT: _____ RELATIONSHIP: _____

PHONE: _____ ALTERNATE PHONE: _____

ADDRESS: _____

SECONDARY CONTACT: _____ RELATIONSHIP: _____

PHONE: _____ ALTERNATE PHONE: _____

ADDRESS: _____

PHYSICAL CHARACTERISTICS

HEIGHT: _____ WEIGHT: _____ HAIR COLOR: _____ EYE COLOR: _____ COMPLEXION: _____

HAIR STYLE: _____ BUILD: _____ ☐ GLASSES ☐ HEARING DEVICE ☐ FACIAL HAIR

☐ SCARS / TATTOOS / BIRTH MARKS / OTHER VISIBLE IDENTIFIERS: _____

DOES THIS PERSON HAVE ACCESS TO A MOTOR VEHICLE? ☐ YES ☐ NO

MAKE / MODEL: _____ COLOR: _____ YEAR: _____

LICENSE PLATE: _____ STATE: _____ REGISTERED OWNER: _____

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BEHAVIORAL INFORMATION

DIAGNOSIS / CONDITION: *e.g., Autism, Alzheimer's / dementia, intellectual disability, PTSD, epilepsy* _____

COMMUNICATION STYLE: ☐ VERBAL ☐ NON-VERBAL ☐ ASSISTIVE DEVICE ☐ SIGN LANGUAGE ☐ SIMPLE SPEECH ONLY
☐ OTHER: _____

SENSORY ISSUES / BEHAVIORAL TRIGGERS: *e.g., loud noises, bright lights, police uniforms, being touched, fears, etc.* _____

TYPICAL RESPONSE/BEHAVIORS WHEN DISTRESSED: ☐ MAY RUN AWAY/WANDER ☐ MAY BECOME NON-VERBAL ☐ SELF-HARM
☐ AGGRESSION ☐ MAY RESIST HELP ☐ FREEZES / BECOMES UNRESPONSIVE ☐ OTHER: _____

EFFECTIVE CALMING TECHNIQUES / HELPFUL STRATEGIES: *e.g., music, soft voice, space* _____

LIST ANY KNOWN AREAS WHERE HE/SHE MAY WANDER TO: *e.g., favorite places, parks, shops, friends/family's houses, etc.* _____

DOES HE/SHE HAVE A SET DAILY ROUTINE? *e.g., daily walks, visits to coffee shops, post office etc.* _____

MEDICAL / SAFETY INFORMATION

DO THEY CARRY ANY IDENTIFICATION AIDS ON THEM? ☐ LICENSE / ID CARD ☐ ID BRACELET ☐ GPS TRACKER
☐ OTHER: _____

LIST ANY LIFE-THREATENING MEDICAL CONCERNS, MEDICATIONS REQUIRED AND ALLERGIES: _____

ARE THERE ANY HAZARDS NEAR THEIR HOME? *e.g., bodies of water, abandoned structures, wells, etc.* _____

IS THERE ANY OTHER INFORMATION YOU WISH TO SHARE THAT WOULD HELP ENSURE THE SAFETY AND WELL-BEING OF YOUR LOVED ONE AND FIRST RESPONDERS DURING AN EMERGENCY RESPONSE?

RELEASE

I, _____ give permission to the Northborough Police Department to retain and distribute this information to first responders for the sole purpose of identification and assistance in responding to emergencies involving the person listed above. I understand it is my responsibility to maintain current contact information and to update the Northborough Police Department with any relevant changes to the information I've provided.

_____ _____

SIGNATURE *DATE*