

Chandler Police Department Vulnerable Population Database Registration

Person to be registered:

Last Name: _____ First: _____ MI: _____

Sex: _____ Race: _____ DOB: _____

Home Address: _____ Apt #: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Primary Caretaker Email Address: _____

Ethnicity: _____ Height: _____ Weight: _____

Complexion: _____ Build: _____ Hand (L/R): _____

Hair: _____ Hair Style: _____ Eyes: _____

Occupation: _____ Employer: _____

Employer Address: _____

Primary Contact:

How Related: _____

Last Name: _____ First: _____ MI: _____

Sex: _____ Race: _____ DOB: _____

Home Address: _____ Apt #: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email Address: _____

Occupation: _____ Employer: _____

Employer Address: _____

Secondary Contact:

How Related: _____

Last Name: _____ First: _____ MI: _____

Sex: _____ Race: _____ DOB: _____

Home Address: _____ Apt #: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email Address: _____

Occupation: _____ Employer: _____

Employer Address: _____

Third Contact:

How Related: _____
Last Name: _____ First: _____ MI: _____
Sex: _____ Race: _____ DOB: _____
Home Address: _____ Apt #: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____
Email Address: _____
Occupation: _____ Employer: _____
Employer Address: _____

Vulnerable Person Details

Diagnosis/Disability (check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> ADHD | <input type="checkbox"/> Alzheimer's Disease |
| <input type="checkbox"/> Autism/Asperger's Syndrome | <input type="checkbox"/> Blind/Low Vision |
| <input type="checkbox"/> Brain Injury | <input type="checkbox"/> Cerebral Palsy |
| <input type="checkbox"/> Deaf/Low Hearing | <input type="checkbox"/> Diabetic |
| <input type="checkbox"/> Down Syndrome | <input type="checkbox"/> Epilepsy/Seizures |
| <input type="checkbox"/> Intellectual Disability | <input type="checkbox"/> Mental Illness |
| <input type="checkbox"/> Other Mental Disability | <input type="checkbox"/> Physical Disability |
| <input type="checkbox"/> Other Developmental Disability | |

Communication Method (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Verbal | <input type="checkbox"/> Non-Verbal |
| <input type="checkbox"/> Speech Difficulty | <input type="checkbox"/> Assisted Communication Device |
| <input type="checkbox"/> Picture Exchange Communication System | <input type="checkbox"/> Sign Language (ASL) |
| <input type="checkbox"/> Hearing Difficulty | <input type="checkbox"/> Non-Communicative |
| <input type="checkbox"/> Language other than English: _____ | |

Special Considerations (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Combative | <input type="checkbox"/> Combative if Restrained |
| <input type="checkbox"/> Disrobes or Prefers Nudity | <input type="checkbox"/> Fear of Dogs |
| <input type="checkbox"/> Hugs | <input type="checkbox"/> Light Sensitive |
| <input type="checkbox"/> Noise Sensitive | <input type="checkbox"/> Paranoid |
| <input type="checkbox"/> Repeats Phrases | <input type="checkbox"/> Run Tendency |
| <input type="checkbox"/> Self-Stimulatory Behavior | <input type="checkbox"/> Sensitive to Stimulation |
| <input type="checkbox"/> Touch Sensitive | <input type="checkbox"/> Unresponsive to Strangers |
| <input type="checkbox"/> Water Fixation (Attraction) | <input type="checkbox"/> Fear of Officers or Uniformed Individuals |

Additional Details

1. If the registered person has a tendency to wander, please describe places he/she have been found recently or may choose to go:
2. Medical or psychological concerns relevant to police officers attempting to assist the registered person to remain safe and return home:
3. Items the registered person wears/possesses on a regular basis (such as medical devices, personal items or objects):
4. Suggestions for ways a police officer can approach and help the registered person:
5. Regular behaviors and/or special interests:
6. Medications the registered person **MUST** take to avoid a medical emergency:

Registered Person Vehicle Information

If the registered person can drive, please include the following information for the vehicle they are most likely to operate:

Type: _____ Make: _____ Model: _____

Year: _____ Color: _____

License State: _____ License Plate: _____

Vehicle Identification Number: _____

Photograph

Include or attach a single photograph of the person to be registered. The image should be of good contrast and show the subject in a well-lit condition.

Date of Photograph: _____ Age in Photograph: _____

ACKNOWLEDGMENT

By participating in the vulnerable population registration program, I understand and acknowledge that:

- The Chandler Police Department will collect and retain the listed information to respond to calls for service involving the person(s) registered in order to promote effective interaction with him/her, and, if applicable, to return the person home or to another responsible person(s).
- The Chandler Police Department will not share or distribute personal information gathered by this form except as required by law and will use it solely for the purposes stated in this document.
- It is my responsibility to ensure the information submitted is current and accurate, and to notify the Chandler Police Department in writing of any changes.
- I may request that the information in this form be withdrawn at any time.
- Unless I withdraw the information beforehand, the Chandler Police Department will retain the information for a period of three years, after which it will be purged from the system. Before it is purged, the Chandler Police Department will send notice to me at the address I provide to determine if I want the information to remain on file for another three years. If the Chandler Police Department is unable to contact me at the address provided, I understand the information will be purged.
- By signing below, I certify that I have the authority to submit the listed information on behalf of the person to be registered. I understand the terms of this document and consent to the use of the information for the stated purposes.

Signature: _____ Date: _____

Print Name: _____