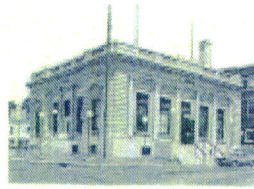


JOHN EWANCIW
CHIEF OF POLICE



TELEPHONE
845-343-3151
FAX NUMBER
845-343-2660

CITY OF MIDDLETOWN POLICE DEPARTMENT
2 JAMES STREET
MIDDLETOWN, NEW YORK 10940
ESTABLISHED 1888

**Vulnerable Citizens Registry Form
Support Information**

Please take time to fill out the questionnaire as completely and accurately as possible and return it to the City of Middletown Police Department at 2 James Street Middletown, NY 10940. The information below will remain on file in the event of an emergency. This information can assist officers in communicating with, locating a residence for, or dealing with an emergency involving an individual with special needs. Should any of the vital information change, please contact City of Middletown Police Department to request modification.

Resident Information:

Application Date: _____

Name: _____ D.O.B. _____ Nicknames: _____

Address: _____ Sex: _____ Race: _____

Hair Color: _____ Eye Color: _____ Height: _____ Weight: _____ Marital Status: _____

Does the individual respond to his or her name? _____

Spouse/Parent Name: _____

Describe any Tattoos, Scars or Marks: _____

Reason above person is At Risk:

Alzheimer's _____ Dementia _____ Autistic _____ Other _____

Details: _____

Cell Phone #: _____ Carrier: _____

ID Wear: _____ Jewelry: _____ Tags on Clothes: _____

Glasses: _____ Contact Lenses: _____ Left Handed: _____ Right Handed: _____ Dentures: _____

Amputee/Prosthesis (if Yes, explain) _____

Medical Issues: Hearing Impaired _____ Vision Impaired _____ Other _____

Details: _____

PLEASE INCLUDE A RECENT PHOTOGRAPH OF PERSON AT-RISK IF POSSIBLE, WHICH WILL BE INCLUDED IN DATABASE ENTRY FOR POSITIVE IDENTIFICATION PURPOSES.

Restricted Access to Residence: Yes / No (if Yes, please provide door codes or instructions)

Does person At-Risk have a Driver's License? Yes / NO C.I.D. #: _____ State of Issuance _____

Please list any vehicles commonly driven by the above person:

Vehicle Make	Vehicle Model	Vehicle Color	Vehicle Tag Number	State of Tag Issue
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- 1.
- 2.
- 3.

Tracking Monitor in Use: Yes / No

Company Name and Contact Information for Tracking Monitor:

Methods of Communication: Verbal _____ Sign Language _____ Writing _____ Electronic Device _____

Primary Language: _____ Sensory Challenges to Lights or Sounds: _____

Combative: _____ Routines/Daily Behaviors: _____

Inclination for Wandering/Location(s): _____

Fears: _____

Physician: _____ Life Threatening Medical Concerns: _____

Address: _____ Phone #: _____

Medications (Dosage/Frequency): _____

Emergency Contact Name: _____ Relationship: _____

Address: _____

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

Email Address: _____

The undersigned authorizes the information contained in this questionnaire to be entered into a computer database and the City of Middletown Police Department, and I understand that this information may be utilized by emergency personnel in the performance of their duties. It is acknowledged that it is your responsibility to ensure that the information so collected is current and valid, and that the City of Middletown Police Department is notified in writing of any changes. All information will remain confidential and is NOT a public record and shall only be used for its' intended purpose, to protect and endangered person.

Print Name: _____ **Signature:** _____ **Date:** _____