



SPECIAL OUTREACH AND RESOURCE

PROACTIVE PARTNERSHIP RISING ABOVE

S.O.A.R. REGISTRY



PERSON WITH DISABILITY – INFORMATION

LAST NAME _____

FIRST NAME _____

MIDDLE NAME _____

NICKNAME _____

GENDER MALE FEMALE

DATE OF BIRTH / /

TYPE OF DISABILITY

EYE COLOR _____

HEIGHT _____

WEIGHT _____

RACE _____

HAIR COLOR _____

GLASSES Y / N

SCARS/MARKS/ TATTOOS (DESCRIPTION AND LOCATION ON THE BODY)

STREET ADDRESS _____

CITY/STATE _____

ZIP CODE _____

HOME PHONE # _____

BUSINESS/SCHOOL # _____

EMPLOYER/SCHOOL _____

LANGUAGE(S) SPOKEN _____

VERBAL/NON VERBAL

METHOD OF COMMUNICATION

NAME OF PRIMARY CAREGIVER, PARENT, GUARDIAN _____

HOME PHONE # _____

CELL PHONE # _____

STREET ADDRESS _____

CITY/STATE _____

ZIP CODE _____

NAME OF OTHER FAMILY MEMBERS OR CAREGIVERS

1 _____

RELATION _____

HOME # _____

CELL # _____

2 _____

RELATION _____

HOME # _____

CELL # _____

3 _____

RELATION _____

HOME # _____

CELL # _____

4 _____

RELATION _____

HOME # _____

CELL # _____

DOES THE REGISTERED PERSON FEAR POLICE, FIRE, OR EMS PERSONNEL? Y/N**BEST METHOD OF APPROACH (INCLUDE APPROACH AND DE-ESCALATION TECHNIQUES)**

PRIMARY CARE PHYSICIAN _____**ADDRESS** _____**PHONE #** _____**ALLERGIES Y/N** **LIST ALLERGIES** _____**IN THE EVENT OF EMERGENCY WHAT HOSPITAL DO YOU PREFER?** _____**LIFE THREATENING OR OTHER SERIOUS MEDICAL CONCERN?** _____**FAVORITE ATTRACTIONS OR LOCATIONS WHERE YOUR LOVED ONE MAY BE FOUND** _____

HAS YOUR LOVED ONE EVER RUN AWAY OR BEEN REPORTED MISSING? Y/N

IF SO, WHERE WERE THEY LOCATED? _____

DOES YOUR LOVED ONE HAVE ANY TRIGGERS I.E. LIGHTS, SIRENS, OR LOUD NOISES? Y/N

PLEASE EXPLAIN

HOW DOES YOUR LOVED ONE REACT WHEN THEY ARE UPSET OR FRIGHTENED?

ANY OTHER RELEVANT INFORMATION

(INFORMATION SUCH AS TOYS, NAMES MOST LIKELY TO GENERATE A POSITIVE RESPONSE)

THE INFORMATION THAT YOU HAVE PROVIDED TO THE PELHAM POLICE DEPARTMENT IS VOLUNTARY AND CAN BE RESCINDED AT ANY TIME. IT WILL BE CONFIDENTIAL AND ONLY USED IN THE EVENT THAT IT IS NEEDED TO ASSIST THE LISTED PARTICIPANT. IT IS THE RESPONSIBILITY OF THE PRIMARY CAREGIVER TO UPDATE THE INFORMATION ANNUALLY AT THE PELHAM POLICE DEPARTMENT. THANK YOU FOR BEING PROACTIVE!

WWW.PELHAMPOLICE.COM

RECEIVED BY: _____

DATE/TIME: _____

ENTERED BY: _____

DATE/TIME: _____