

# ***DEARBORN POLICE DEPARTMENT PERSONS WITH DISABILITIES REGISTRY FORM***

New Registration <input type="checkbox"/>		Renewal <input type="checkbox"/>		Autism <input type="checkbox"/>		Alzheimer's <input type="checkbox"/>		Down's Syndrome <input type="checkbox"/>		Other <input type="checkbox"/>		
Specific Diagnosis:												
Name		Last			First			Middle				
Nickname				Gender		Male <input type="checkbox"/>		Female <input type="checkbox"/>		DOB:		
										Race:		
Address: Street						City				Zip		
Phone: Home				Cellular								
Language Spoken / Non-Verbal												
Method of Communication:						Identification Worn? Yes <input type="checkbox"/> No <input type="checkbox"/> Where?						
GPS Tracking Device? Yes <input type="checkbox"/> No <input type="checkbox"/> Tracking Device Info:												
Height: Ft		In		Complexion		Build: Very Thin <input type="checkbox"/> Thin <input type="checkbox"/> Medium <input type="checkbox"/> Heavy <input type="checkbox"/>						
Hair Color:			Hair Style:			Facial Hair:			Eye Color:			
Marks / Scars / Tattoos (Include Location)												
Employer / School								Phone:				
Employer / School Address:												
Remarks Regarding Employer/ School:												

## EMERGENCY CONTACT INFORMATION

NAME:											
ADDRESS (If Different Than Above)											
Phone: Home				Work:				Cellular:			
Relationship to Above:											
Photograph Attached: <input type="checkbox"/> Yes <input type="checkbox"/> No						Date of Photo					

This form must be completed annually, on the birth date of the listed person. Please bring completed form to the Dearborn Police Department, 16099 Michigan Avenue, Dearborn, MI 48126

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Inclination for Wandering or things attracted to:

Favorite attractions and locations where person might be found:

Best methods to approach (include approach and de-escalation techniques):

Life Threatening Medical Concerns:

Other Relevant Information:

What Not To Do (include physical information, direct eye contact, bright lights, loud noises, etc.)

Other Information: