



# Union City Police Department



## VULNERABLE PERSONS QUESTIONNAIRE

1. Name of vulnerable person: \_\_\_\_\_

2. Vulnerable person home address? \_\_\_\_\_

3. Vulnerable person nickname? \_\_\_\_\_

4. Date of birth and age of vulnerable person: \_\_\_\_\_

5. Diagnosis of the vulnerable person: \_\_\_\_\_

6. In case of an emergency, list names and phone numbers of emergency contacts:

\_\_\_\_\_

\_\_\_\_\_

7. Physical description of the vulnerable person:

Height: \_\_\_\_\_

Weight: \_\_\_\_\_

Hair Color: \_\_\_\_\_

Eye Color: \_\_\_\_\_

Race: \_\_\_\_\_

Gender: \_\_\_\_\_

Glasses:  YES  NO

Picture Provided:  YES  NO

8. Is there a special interest (outside of their residence) that your loved one is drawn to? (For example: trains, water, woods, parks, malls, traffic, ect.)

\_\_\_\_\_

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9. Has the vulnerable person ever ran away or been reported as missing? If so, where was he/she found? \_\_\_\_\_

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10. Is the vulnerable person verbal or non-verbal? Explain in detail. \_\_\_\_\_

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11. Does the vulnerable person fear Police or Fire-EMS personnel or emergency vehicles? Explain in detail. \_\_\_\_\_

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12. Name of caregivers, parents, grandparents or other family members involved in the vulnerable person's life: \_\_\_\_\_

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13. If the vulnerable person becomes confrontational, how could Officers or Rescue Personnel calm them without your presence? \_\_\_\_\_

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14. Are you willing to allow the Union City Police Department to place your address and the information of your loved one's needs into the system to insure that officers are better prepared to handle the situation? \_\_\_\_\_

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15. Please explain in detail any other important information that we may need to know that might assist us in not triggering a violent response from your loved one: \_\_\_\_\_

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16. Does the vulnerable person have any triggers ie: lights, sirens, loud radio noise? \_\_\_\_\_

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17. Language preference: \_\_\_\_\_

18. Relationship to vulnerable person/legal authority: \_\_\_\_\_

19. Current list of medications taken by the vulnerable person: \_\_\_\_\_

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## RELEASE WAIVER

I, \_\_\_\_\_ give permission to the Union City Police Department to release any and all pertinent information related to the care or well-being of \_\_\_\_\_ to the Union City Police Department Communications Center. I realize this information may be released to other agencies via the communications center such as Fire Department and Emergency Medical Services.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_