



Franklin Police Department
COGNITIVE/PHYSICAL/MOBILITY IMPAIRMENT
FORM
PERSON-SPECIFIC INFORMATION for FIRST RESPONDERS

Date Submitted: _____

Individual's Name _____
(First) (M.I.) (Last)

Address: _____
(Street) (City) (State) (Zip)

Date of Birth _____ Age _____ Preferred Name _____

Does the Individual live alone? _____

Individual's Physical Description:

___ Male ___ Female Height: _____ Weight: _____ Eye color: _____ Hair color: _____

Scars or other identifying marks: _____

Relevant Medical Conditions (check all that apply):

___ No Sense of Danger ___ Blind ___ Deaf Non-Verbal ___ Mental Impairment/Disability Autism
___ Attracted to Water ___ Prone to Seizures ___ Cognitive Impairment ___ Other Alzheimer's/Dementia

If Other, Please explain: _____

Prescription Medications needed: _____

Sensory or dietary issues, if any: _____

Calming methods, and any additional information First Responders may need: _____

EMERGENCY CONTACT INFORMATION

Name of Emergency Contact (Parents/Guardians, Head of Household/Residence, or Care Providers): _____

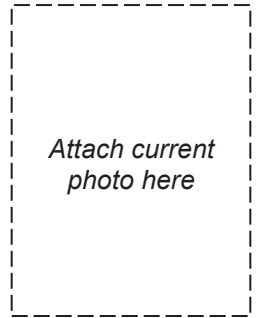
Address: Emergency Contact's _____
(Street) (City) (State) (Zip)

Emergency Contact's Phone Numbers:

Home: _____ Work: _____ Cell Phone: _____

Name of Alternative Emergency Contact: _____

Home: _____ Work: _____ Cell Phone: _____



*Attach current
photo here*

*Click the box above to attach a photo.
(must be in pdf format)*

INFORMATION SPECIFIC TO THE INDIVIDUAL

Nearby water sources & favorite attractions or locations where the individual may be found:

Atypical behaviors or characteristics of the Individual that may attract the attention of Responders:

Individual's favorite toys, objects, music, discussion topics, likes, or dislikes:

Method of Preferred Communication. (If nonverbal: Sign language, picture boards, written words, etc.):

Method of Preferred Communication II. (If verbal: preferred words, sounds, songs, phrases they may respond to):

Identification Information. (i.e. Does the individual carry or wear jewelry, tags, ID card, medical alert bracelets, etc.):

Tracking Information. (Does the individual have a Project Lifesaver or LoJack SafetyNet Transmitter Number?):

- Please submit this form to Lt Eric Zimmerman @ ezimmerman@franklinma.gov or Kristin Donovan @ kgutauskas@franklinma.gov.

- You may also drop completed information to Franklin Police Department, 911 Panther Way, Franklin, MA 02038