

**KEENE POLICE DEPARTMENT**

400 MARLBORO STREET  
KEENE, NH 03431  
Phone (603) 357-2222  
357-9813  
Fax (603) 283-5670

Keene Police Department would like your help with implementing a program to help identify homes of children/adults at risk in our community. This could include residents with Alzheimer's, Dementia or children with Autism and/or other developmental risks.

The goal of this program is to improve the safety of our at risk residents if/when they have interaction with police. The first step of this program would be to identify the addresses of at risk residents. The addresses will be entered into the police department data base in an effort to provide officers with information prior to their arrival. This information will be kept confidentially within the Keene Police Department and shared with emergency responders only as necessary to protect the safety of at risk residents. This program would help emergency response personnel to minimize the possibility of creating distress for the residents and create a more positive police interaction.

If you are interested in participating in this program please complete the information on the attached form, and return to the Keene Police Department.

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Email: [astaubin@ci.keene.nh.us](mailto:astaubin@ci.keene.nh.us)

**Emergency Biographical Information**

A registry to assist persons-at-risk

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

**Personal Description**

(Please attach a recent photograph)

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Glasses: \_\_\_\_\_ Facial Hair: \_\_\_\_\_

Primary Language: \_\_\_\_\_

Please check, and briefly describe if followed by a space, all medical conditions that the applicant should be considered to possess: (Leave blank those that are not relevant)

- |  |   |
|--|---|
| <input type="checkbox"/> Blind / Visual Impairment         | <input type="checkbox"/> Deaf / Hard of Hearing |
| <input type="checkbox"/> Autism                            | <input type="checkbox"/> Alzheimer's            |
| <input type="checkbox"/> Non-Ambulatory (wheelchair, etc.) | <input type="checkbox"/> Bedridden              |
| <input type="checkbox"/> Mobility Assistance Required      | <input type="checkbox"/> Oxygen Required        |
| <input type="checkbox"/> Verbal Impairment                 | <input type="checkbox"/> Service Animal         |
| <input type="checkbox"/> Prescriptions                     |   |
| <input type="checkbox"/> Cognitive Disability:             |   |

\_\_\_\_\_

Intellectual Disability:

\_\_\_\_\_

Behavioral Concerns:

\_\_\_\_\_

Other Medical Concerns:

**Address Information:**

Home: \_\_\_\_\_

School: \_\_\_\_\_

Phone: \_\_\_\_\_

### Additional Information

Allergies:

Verbal \_\_\_\_\_ Non Verbal \_\_\_\_\_  
If non-Verbal, preferable mode of communication  
(E.g. Sign, Pictures, word approximations):

Ambulatory \_\_\_\_\_ Non Ambulatory \_\_\_\_\_

Describe medical alert ID or other identifying information carried or worn:

Describe favored places person-at-risk might wander to:

Will they respond to his/her name? \_\_\_\_\_

Does your child/family use a password? \_\_\_\_\_ If so, What: \_\_\_\_\_

Important information that will help assist emergency personnel to communicate, comprehend, care for and maintain the safety of this person. Does the person have any sensitivity to loud noises or lights (Sirens/emergency lights)? If missing, is the person afraid of dogs? (If necessary, attach a separate page.)

### Emergency Contacts

(Primary Contact First)

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Primary Hospital: \_\_\_\_\_

Physician: \_\_\_\_\_

### Additional contacts

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell: \_\_\_\_\_

E-Mail: \_\_\_\_\_

(Attach additional contacts if needed on separate page)

### **RELEASE**

**I, \_\_\_\_\_ voluntarily give permission to the City of Keene to retain and distribute this information to emergency response personnel as necessary for the purposes of identification, recovery and/or assistance to the person-at-risk. I understand that that this information will be kept confidential within the Keene Police Department and disclosed to third parties only as necessary to accomplish the above purposes, or as may be required by law. By signing this form, I represent that I am the parent or legal representative of the named person-at-risk, that I am legally authorized to act on the person's behalf, and that the Keene Police Department may rely on this representation.**

**Print Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Please return to: Dispatch Supervisor Al St. Aubin  
Keene Police Department, 400 Marlboro Street  
Keene, NH 03431  
FAX: (603) 283-5670  
Email: [astaubin@ci.keene.nh.us](mailto:astaubin@ci.keene.nh.us)