



DEPARTMENT OF POLICE SERVICES

**255 EAST MAIN STREET
WATERBURY, CONNECTICUT 06702**

www.wtbypd.org 203-574-6920

Vulnerable Citizens Registry Form Support Information

Please take the time to fill out the questionnaire as completely and accurately as possible and return it to the Waterbury Police Department at 255 E. Main St. 06702 or Waterbury Police Community Relations at 70 Pine St. The information below will remain on file in the event of an emergency. This information can assist officers in communicating with, locating a residence for, or dealing with an emergency involving an individual with special needs. Should any of the vital information change, please contact Waterbury Police Dept. to request modifications.

Resident Information:

Name: D.O.B. Sex: Race:
Address: Height: Weight:
Hair Color: Eye Color: Scars: Marks: Tattoos:
Nicknames:
Does the individual respond to his or her name? Yes ☐ No ☐

Restricted Access to Residence: Yes ☐ No ☐ (If Yes, please provide door codes or instructions)

Cell Phone#: Carrier:

ID Wear: Jewelry: Tags on Clothes:

License/I.D.:

Tracking Monitor in Use: Yes ☐ No ☐

Company Name and Contact Information:

Methods of Communication:

Verbal: Yes ☐ No ☐ Sign Language: Yes ☐ No ☐ Writing: Yes ☐ No ☐ Electronic Device
Yes ☐ No ☐

Primary Language:

Sensory challenges to lights or sounds? Yes ☐ No ☐

Combative? Yes ☐ No ☐

Vision, Hearing, or Dietary Needs:

Inclination for Wandering/Location(s):

Routines/Daily Behaviors:

Other Pertinent Information:

Medical Condition(s) and/or Description of Special Needs (Physical/Social):

Medical Care Providers:

Physician:

Address: Phone:

Life threatening medical concerns:

List medications (Dosage/Frequency/Challenges)

Emergency Contacts:

Primary

Name: Relationship:

Address:

Home # - Cell # - Work # -

Email Address:

Secondary

Name: Relationship:

Address:

Home # - Cell # - Work # -

Email Address:

Contracted Caregivers or Employees:

Name: Schedule:

Address:

Home/Business # - Cell # - Work # -

Website - Email

Address:

Access to Vehicles:

License Plate#: Make: Model: Color:

License Plate#: Make: Model: Color:

***ANY** Firearms in Residence: Yes/No - If **Yes**, are they accessible by the At-Risk resident? Yes ☐ No ☐

The undersigned authorizes the information contained in this questionnaire to be entered into a computer database and the City of Waterbury's Emergency response center, and I understand that this information may be utilized by emergency personnel in the performance of their duties. It is acknowledged that it is your responsibility to ensure that the information so collected is current and valid, and that the City of Waterbury Police Department is notified in writing of any changes. All information will remain confidential and is NOT a public record and shall only be used for its' intended purpose, to protect an endangered person.

Signature: Date:

Print Name:

For Waterbury Police Dept. Use Only

Received by:

Date:

By:

Entered into Database:

Date:

By: