



Hatfield Police Department

William J. Tierney
Chief of Police

LOCATE – Law Officers Concerned About the Endangered Person with Special Needs Form

Name of Individual with Special Needs: _____

Address: _____

Physical Description:

Race: _____ Sex: _____ DOB: _____ Height: _____ Weight: _____

Eye Color: _____ Hair Color: _____ Nickname: _____

Scars/Marks/Tattoos/Other Identifying Features:

Any Significant Medical/Psychological Conditions:

Doctor/Psychiatrist/Other Mental Health or Medical Professionals currently being seen by:

_____ Phone: _____

_____ Phone: _____

_____ Phone: _____

Name of Parent(s)/Guardian(s)/Caregiver(s): _____

Address: _____

Home#: _____ Cell#: _____ Work#: _____

Name of Parent(s)/Guardian(s)/Caregiver(s): _____

Address: _____

Home#: _____ Cell#: _____ Work#: _____

Alternate Emergency Contact: _____

Address: _____

Home#: _____ Cell#: _____ Work#: _____

Sensory or Dietary issues, if any:

Is he/she likely to wander off? _____

Favorite attractions or places he/she may be found:

Atypical Behaviors or Characteristics that may attract attention:

Favorite toys, objects, animals or discussion topics including likes & dislikes:

Approaching, calming or de-escalating techniques most likely to work:

Method of communication, if non-verbal – sign language, picture board, written words:

ID information – does he/she carry or wear jewelry, tags, identification cards?

Any additional pertinent information:

***Please attach current photograph.**

This form can be submitted in person, via email or by mail.