



# 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.**