



****REGISTRATION INFORMATION WILL BE KEPT CONFIDENTIAL****

FULL NAME			DATE OF BIRTH
PREFERRED NAME/NICKNAME			HEIGHT/WEIGHT
GENDER	HAIR COLOR	EYE COLOR	SCARS IDENTIFYING MARKS
ADDRESS			
DOES THIS INDIVIDUAL LIVE ALONE?			

RISK FACTORS - Please check each box that applies:

NO SENSE OF DANGER
 VISUALLY IMPAIRED
 HEARING IMPAIRED
 NON-VERBAL
 ATTRACTED TO WATER
 PRONE TO SEIZURES
 COGNITIVE IMPAIRMENT

EMERGENCY CONTACT INFORMATION

NAME		RELATIONSHIP	
ADDRESS			
CITY		STATE	ZIP CODE
PHONE (HOME)	(WORK)	(CELL)	

NEEDS

PREScription MEDICATION
SENSORY ISSUES
DIETARY RESTRICTIONS

INDIVIDUAL SPECIFIC INFORMATION

CALMING METHODS _____

ATYPICAL BEHAVIOR OR CHARACTERISTICS _____

LIKES _____

DISLIKES/TRIGGERS: _____

PREFERRED METHOD OF COMMUNICATION : _____

WEARABLE IDENTIFICATION: _____

TRACKING INFORMATION _____

ADDITIONAL INFORMATION FOR FIRST RESPONDERS: _____

FAVORED LOCATIONS

ADDRESS / ASSOCIATION (ie, PARK, SCHOOL, ECT.) _____

PLEASE ALLOW FIVE (5) BUSINESS DAYS FOR YOUR INFORMATION TO BE UPLOADED INTO THE SYSTEM.

FOR STAFF USE ONLY: CASS Entry Date _____ Initials _____



Authorization

Contact Name: _____

I, _____, authorize the use of this information with the City of Groton Police Department and with other agencies where I receive services. I understand that this information will be filed and kept confidential to the extent of law and used only for purposes of identification and assistance related to the safe return efforts and related first responder assistance activities. Authorization can be withdrawn at any time.

List of other agencies that provide me services:

Client Signature: _____

Authorized Representative Signature: _____

Date: _____

Please Check One:

- Power of Attorney (POA)
- Durable Power of Attorney Healthcare (DPAHC)
- Guardian
- Client