



Vernon L. Riddick Jr.
Chief of Police



DEPARTMENT OF POLICE SERVICES
255 EAST MAIN STREET
WATERBURY, CONNECTICUT 06702
www.wtbypd.org **203-574-6920**



Fernando Spagnolo
Deputy Chief of Police

William Covell
Deputy Chief of Police

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?

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: _____