



SENSITIVE AND CONFIDENTIAL

Floral Park Police Department At-Risk Residents Program

Please fill out the following information fields to the best of your ability. The information will be entered into our Department database upon receipt. When necessary, Floral Park Police Department personnel will be able to refer to the database to help locate a missing or eloped at-risk person. Participation is voluntary. By signing this form, the reporting person acknowledges that he or she is voluntarily providing what would otherwise be considered personal and protected information.

Please provide as much information as possible. Additionally, you may provide a recent photograph in electronic format for inclusion into our database. Please e-mail forms and photos to AtRiskResident@FPVillage.org. You may also drop them off at Police Headquarters (1 Floral Boulevard).

First Name	<input type="text"/>		
Middle Name/Initial	<input type="text"/>		
Last Name	<input type="text"/>		
DOB	<input type="text"/>		
Nickname	<input type="text"/>		
Address (Street and Number)	<input type="text"/>		
Address (Village/City/Town)	<input type="text"/>		
State	<input type="text"/>	Zip Code	<input type="text"/>
Identifying Scars/Marks/Tattoos	<input type="text"/>		
Best Method of Communication	<input type="text"/>		
Sex/Gender	<input type="text"/>	Race	<input type="text"/>
Home Phone #	<input type="text"/>	Cell Phone #	<input type="text"/>
Height	<input type="text"/>	Weight	<input type="text"/>
Hair Color	<input type="text"/>	Eye Color	<input type="text"/>

EMERGENCY CONTACTS

Contact Name #1 and Address	<input type="text"/>		
Home Phone	<input type="text"/>	Cell Phone	<input type="text"/>
E-Mail	<input type="text"/>	Relationship	<input type="text"/>
Contact Name #2 and Address	<input type="text"/>		
Home Phone	<input type="text"/>	Cell Phone	<input type="text"/>
E-Mail	<input type="text"/>	Relationship	<input type="text"/>
Contact Name #3 and Address	<input type="text"/>		
Home Phone	<input type="text"/>	Cell Phone	<input type="text"/>
E-Mail	<input type="text"/>	Relationship	<input type="text"/>

MEDICAL CONTACT INFORMATION

PLEASE NOTE THAT YOU ARE VOLUNTARILY PROVIDING MEDICALLY PRIVILEGED INFORMATION.

Doctor's Name	<input type="text"/>	Doctor's Phone Number	<input type="text"/>
Medical Condition(s)	<input type="text"/>		
List of Medications	<input type="text"/>		
Allergies to Medicines	<input type="text"/>		

ADDITIONAL DETAILS

Favorite place to eat, visit, hang out:

Does the person like a particular method of transportation?

Any usual habits?

Any other concerns or comments?

Good communities take care of their own! The Floral Park Police Department does much more than fight crime...we pride ourselves as the care takers of all the residents. FRONTLINE's "At-Risk Residents" module was designed to help Police gather and store information on individuals that may need special assistance. The elderly, special needs individuals, and people on the autism spectrum are some of the people that may benefit from this platform. Residents will have the ability to pre-assist with individuals that they may have a concern for by registering them on this database. Names, addresses, physical descriptions, photos, medical histories, and forms of communication are the type of the information that can be stored. Some people are unable to properly convey this information when asked. Police now have immediate access to this information when a situation unfolds. This tool will help the Floral Park Police Department and residents bridge the gap when there is a time of need.

Authorization

Contact Name:

I, , authorize the use of this information with the Floral Park 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 investigative activities. Authorization can be withdrawn at any time.

Signature

Date

This authorization can be revoked any time.