



PersonSafe Alert Registration Form

For individuals with disabilities and older persons with cognitive impairments. The information in this form will allow us to create notes regarding an individual, and the related address, that can be used to the benefit of our emergency personnel/officers and the person noted. Our goal is to have a positive and safe interaction with our community members, hence the request for specific and detailed information including any unique needs or behaviors. You can provide as much, or as little information as you wish, but the more informed we are, the better we can serve our community. All information is kept confidential. We encourage you to also submit a CURRENT PHOTO with the registration form. A request will be sent on an annual basis to update the information provided. Please complete and send the form and photo to Police@ci.benicia.ca.us

INDIVIDUAL'S BASIC INFO:

First name: _____ Last Name: _____

Nickname(s): _____

Date of birth: _____ Age: _____

Physical Address: _____

Phone number of VIP: ____ - ____ - ____ Does person text? __ Yes __ No

GPS locator (i.e. smart watch, airtag, etc): __ Yes __ No; if yes, which: _____

School, if applicable: _____

Program/organization affiliation(s), if applicable: _____

PHYSICAL DESCRIPTION:

Gender at birth: __ Male __ Female Identifying gender: __ Male __ Female

Height: _____ Weight: _____ Eye color: _____ Hair color: _____

Race/Ethnicity: _____

Birth Marks: __ Yes __ No; If yes, describe, including location on body: _____

Scars: __ Yes __ No; If yes, describe, including location on body: _____

Tattoos: Yes No; If yes, describe, including location on body: _____

Artificial limbs/prosthetic devices: Yes No; If yes, describe, including location on body:

Wears glasses: Yes No Hearing aides: Yes No Dentures: Yes No

IMPORTANT NOTES REGARDING INDIVIDUAL:

Specific disability/impairment/diagnosis: _____

Other disabilities, impairments, sensory issues to note: _____

Other Medical conditions to note: _____

Medications: _____

Will respond to directives: Yes No; if no, common response: _____

Processing delays: Yes No; if yes, please describe: _____

Aversion to strangers: Yes No; if yes, common response: _____

History of wandering: Yes No; If yes, frequent destination, if any: _____

History of violence/aggressive behavior: Yes No; If yes, please describe: _____

History of hiding: Yes No: If yes, favorite hiding spot(s): _____

Reactions to sounds: _____

Reactions to animals: _____

Reactions to touch: _____

Reaction to Emergency personnel/officers: _____

Will individual make eye-contact: __Yes__ No

Stimming behaviors: __Yes__ No; if yes, please describe: _____

Specific triggers/fears to note: _____

Items/Weapons individual always has with him/her: _____

Weapons in home of individual: __Yes__ No; if yes, does individual have access: __Yes__ No

Individual drives: __Yes__ No; if yes, vehicle/license plate driven: _____

Individual frequently uses public transportation (including ride sharing): __Yes__ No; if yes, most commonly used: _____

Additional notes about individual to help us better understand person/condition: _____

BEST PRACTICES WITH INDIVIDUAL:

Preferred Communication mode: _____

Calming strategies to note: _____

Favorite things: _____

Additional notes that will help to ensure a positive interaction with individual: _____

CONTACT INFORMATION:

Caretaker/Parent/Guardian(s):

Name: _____ Relation: _____

Name: _____ Relation: _____

Name: _____ Relation: _____

Phone number(s) in order of best number to call:

1. ____ - ____ - ____ Name: _____ Relation: _____

2. ____ - ____ - ____ Name: _____ Relation: _____

3. ____ - ____ - ____ Name: _____ Relation: _____

Email(s) for contacts: _____

Other individuals commonly associated with individual (friends, employers, mentors, etc),
and contact info, if applicable: _____

PersonSafe Alert provides protection for people whose age or unique needs put them at risk of bodily harm by disseminating important information about the individual to our Officers and Emergency Services. The information and photographs provided will be used solely for the purpose of identification and successful interaction with the individual and will otherwise remain confidential.

The information will need to be updated on an annual basis so that we have current information flagged in our system regarding the person and the address associated with the person. Please provide information below for the person that should be contacted to confirm information on an annual basis:

Name: _____ Phone: _____

Email: _____