



Edward J. Guy III  
Chief of Police

# TOWN OF HAMILTON MASSACHUSETTS POLICE DEPARTMENT



Phone: (978) 468-1212  
Fax: (978) 468-1313

## Community Member Profile Form

*The information below is for the individual with an Autism Spectrum Disorder or other disability:*

Last Name: First Name: Middle Initial:

Home Address:

Home Phone: Cell Phone:

Date of Birth: Gender: Eye Color:

Hair Color: Height: Weight:

School/Place of Employment:

Nickname(s):

Please indicate the identified disability(s) for the individual:

Any medical needs/concerns? :

Does the individual wear a GPS or medical alert device? Yes ☐ No ☐

Are they sensitive to loud noises? e.g. police siren Yes ☐ No ☐

Is the individual non-verbal? Yes ☐ No ☐ If yes, how do they communicate?

Does the individual know how to swim? Yes ☐ No ☐

Does the individual have a tendency to wander/run away? Yes ☐ No ☐ If yes, is there a particular area?

Please describe possible triggers to avoid during an interaction:

Strategies or best methods of approach during an interaction? :

Individual's favorite topic(s) to discuss? :

Observable behaviors when under stress? (e.g. non-compliance/ hand flapping, aggression, etc.):

Any other relevant information?:

265 Bay Road  
Hamilton, Massachusetts  
01982

## **Emergency Contacts Information**

- |                                    |                |
|------------------------------------|----------------|
| 1. Full Name:                      | Date of Birth: |
| Relationship:                      |                |
| Cell Phone:                        | Home Phone:    |
| Address (If different from above): |                |
- 
- |                                    |                |
|------------------------------------|----------------|
| 2. Full Name:                      | Date of Birth: |
| Relationship:                      |                |
| Cell Phone:                        | Home Phone:    |
| Address (If different from above): |                |
- 
- |                                    |                |
|------------------------------------|----------------|
| 3. Full Name:                      | Date of Birth: |
| Relationship:                      |                |
| Cell Phone:                        | Home Phone:    |
| Address (If different from above): |                |

**\*Please submit a photograph with this form\***

I \_\_\_\_\_, give my full permission to the Hamilton Police Department to retain this information, to be kept on file for the purposes of use through the Autism-Disability Outreach Program. All information will remain confidential and shall only be used by Hamilton's first responders who require this information in the performances of their official duties.

Signature

Date

Forms are to be completed and returned to:

By Mail:                      Hamilton Police Department  
                                     C/O Detective Joe Achadinha  
                                     265 Bay Road  
                                     Hamilton, MA 01982

By Email:                     Detective Joe Achadinha  
                                     [jachadinha@hamiltonma.gov](mailto:jachadinha@hamiltonma.gov)