



Russell M. Stevens
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?:

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