

TEMPE POLICE DEPARTMENT
'TEAM REUNITE' PARTICIPANT REGISTRATION FORM

Person to be registered (program participant):

Last name: _____ First name: _____ MI: ____
Gender: _____ Race: _____ Date of birth: _____
Home address: _____ Apt #: _____
City: _____ State: _____ Zip: _____
Home phone: _____ Work phone: _____ Cell phone: _____
Occupation: _____ Employer: _____
Employer address: _____
School name and address: _____
Height: _____ Weight: _____ Complexion: _____
Build: _____ Hand (L/R): _____ Hair color: _____
Hair style: _____ Eye color: _____

Primary contact:

How related to participant: _____
Last name: _____ First name: _____ MI: ____
Gender: _____ Race: _____ Date of birth: _____
Home address: _____ Apt #: _____
City: _____ State: _____ Zip: _____
Home phone: _____ Work phone: _____ Cell phone: _____
Email address: _____
Occupation: _____ Employer: _____
Employer address: _____

Secondary contact:

How related to participant: _____
Last name: _____ First name: _____ MI: ____
Gender: _____ Race: _____ Date of birth: _____
Home address: _____ Apt #: _____
City: _____ State: _____ Zip: _____
Home phone: _____ Work phone: _____ Cell phone: _____
Email address: _____
Occupation: _____ Employer: _____
Employer address: _____

Third contact:

How related to participant: _____
Last name: _____ First name: _____ MI: ____
Gender: _____ Race: _____ Date of birth: _____
Home address: _____ Apt #: _____
City: _____ State: _____ Zip: _____
Home phone: _____ Work phone: _____ Cell phone: _____
Email address: _____
Occupation: _____ Employer: _____
Employer address: _____

Registered participant vehicle information:

If the registered participant has access to a vehicle, please include the following information for the vehicle(s) they are most likely to operate:

Vehicle 1:

Car/Truck/SUV: _____ License plate: _____ License state: _____

Vehicle identification number: _____

Make: _____ Model: _____

Year: _____ Color: _____

Vehicle 2:

Car/Truck/SUV: _____ License plate: _____ License state: _____

Vehicle identification number: _____

Make: _____ Model: _____

Year: _____ Color: _____

Program participant details:

Diagnosis / disability (check all that apply):

- ADHD
- Autism / Asperger's
- Brain injury
- Deaf / low hearing
- Blind / low vision
- Cerebral Palsy
- Physical disability: _____
- Other mental disability: _____
- Intellectual disability
- Alzheimer's
- Diabetic
- Epilepsy / seizures
- Mental illness
- Down Syndrome
- Other mental disability: _____

Communication methods (check all that apply):

- Verbal
- Speech difficulty
- PictureExchangeCommunicationSystem
- Hearing difficulty
- Languages other than English: _____
- Non-verbal
- Assisted communication device
- Sign language (ASL)
- Non-communicative

Special considerations (check all that apply):

- Combative
- Disrobes or prefers nudity
- Hugs
- Noise sensitive
- Repeats phrases
- Self-stimulatory behavior
- Touch sensitive
- Water fixation (attraction)
- Combative if restrained
- Fear of dogs
- Light sensitive
- Paranoid
- Run tendency
- Sensitive to stimulation
- Unresponsive to strangers
- Fear of officers or uniformed individuals

Additional details:

If the registered participant has a tendency to wander, please describe places they have been found recently or may choose to go. Include all previous addresses and places of special interest or memory:

Medical or psychological concerns relevant to police officers attempting to assist the registered participant to remain safe and return home:

Additional details (continued):

Items the registered participant wears / possesses on a regular basis (such as medical devices, personal items, weapons or objects):

Suggestions for ways a police officer can approach and help the registered participant:

Regular behaviors and / or special interests:

Medications the registered person MUST take to avoid a medical emergency:

Photographs:

Include a recent (within 6 months) headshot-style photograph and a full-body photograph of the registered participant. The image should be of good contrast and clarity, show the person in a well-lit condition and portray how they look on an everyday basis.

Estimated date of photograph: _____ Age in headshot-style photograph: _____

Estimated date of photograph: _____ Age in full-body style photograph: _____

Acknowledgement:

By participating in the 'TEAM Reunite' vulnerable population registration program, I understand and acknowledge that:

- The Tempe Police Department will collect and retain the listed information to respond to calls for service involving the person registered in order to promote effective interaction with him/her, and, if applicable, to return the person home or to another responsible person.
- The Tempe Police Department will not share or distribute personal information gathered by this form except as required by law or as required for the safety of the individual or treatment of the individual listed on this document and will use it solely for the purposes as stated in this document.
- It is my responsibility to ensure the information submitted is current and accurate, and to notify the Tempe Police Department in writing of any changes.
- I may request that the information in this form be withdrawn at any time.
- Unless I withdraw the information beforehand, the Tempe Police Department will retain the information for a period of three (3) years, after which it will be purged from the system. Before it is purged, the Tempe Police Department will send notice to me at the EMAIL address I provide to determine if I want the information to remain on file for another three (3) years. If the Tempe Police Department is unable to contact me at the EMAIL address provided, I understand that the information will be purged.
- By signing below, I certify that I have the authority to submit the listed information on behalf of the person to be registered. I understand the terms of this document and consent to the use of the information for the stated purposes.

Signature: _____ Date: _____

Printed name: _____