Arlington Police - Safe Watch Program

The Arlington Police is committed to the safety of our residents. Our Safe Watch Program is designed for all residents with a disability or medical condition that would cause them to wander from their safe environment. Safe Watch is designed to pro-actively gather pertinent and recent information on the individual in the event they should go missing. This will allow for an immediate, informed search, deploying resources constructively, with the best chance of returning them to their safe environment as quickly as possible. Responsible family members are encouraged to make use of this program by filling out this form and updating it with the Police Department as necessary.

Subject's Profile

Last Name _____   First Name _____   Date of Birth

Address_____   Town _____   County _____

Current Physical Description _____

Gender _____   Height ____ ft ____ inches   Weight _____   Eye Color _____   Hair Color _____

Identifying Marks/Items (e.g., tattoos, birthmarks)

Phone Number & Phone Provider (e.g., T-Mobile)   _____

Medical Conditions

☐ Autism   ☐ Deaf   ☐ Diabetes   ☐ Mental Health Issues   ☐ Blind   Dementia / Alzheimer's

☐ Other developmental disability   ☐ Nonverbal   ☐ Physical disability   ☐ Seizures   ☐ Brain injury

Prescription medications and frequency _____

Treatment or medical procedures to avoid _____

Notes

Sensory or dietary issues; any other relevant medical issues _____

Is he / she likely to wander away? _____

Habits / Preferences _____

Favorite attractions or places _____

Distinguishing behaviors / Signs of distress _____

Favorite objects, toys, topics, likes or dislikes _____

Effective approach and de-escalation techniques _____

Preferred communication method (e.g., if non-verbal, sign language, pictures, printed words) _____

Emergency Contact

Primary Contact Name (parents / guardians / care providers) _____

Address _____   Town _____   County _____

Home Phone _____   Work Phone _____   Cell _____

TTD / TTY _____   Other _____

Alternate Contact Name

Home Phone _____   Work Phone _____   Cell _____

TTD / TTY _____   Other _____

Alternate Contact Name #2

Home Phone _____   Work Phone _____   Cell _____

TTD / TTY _____   Other _____

Additional Notes