



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