



Vulnerable Persons Form INFORMATION FOR FIRST RESPONDERS

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Date Submitted _____

Individual's Name: _____
(First) (M.I) (Last)

Address: _____
(Street) (City) (State) (ZIP)

Date of Birth _____ Age _____ Preferred Name _____

Does the Individual live alone _____

INDIVIDUAL'S PHYSICAL DESCRIPTION:

____ Male ____ Female Height _____ Weight _____ Eye Color _____ Hair Color _____

Scars or other identifying marks or tattoos: ____ Birth mark on nose

Other Relevant Medical Conditions in addition to their Intellectual Disability (*Check all that apply*):

____ No Sense of Danger ____ Blind ____ Deaf ____ Non-Verbal ____ Alzheimer's

____ Prone to Seizures ____ Cognitive Impairment ____ Dementia ____ Other

If Other, please explain: _____

Prescription Medications Needed: _____

Sensory or Dietary Issues, If Any: _____

Additional Information First Responders May Need: _____

EMERGENCY CONTACT INFORMATION

Name of Emergency Contact (*Parent/Guardians, head of household/Residence, or Care Provider*):

Emergency Contact's Address: _____
(Street) (City) (State) (Zip)



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Emergency Contact's Phone Numbers:

Home: _____ Work: _____ Cell Phone: _____

Name of Alternative Emergency Contact: _____

Home: _____ Work: _____ Cell Phone: _____

INFORMATION SPECIFIC TO THE INDIVIDUAL

Favorite attractions or locations where the Individual may be found:

Atypical behaviors or characteristics of the Individual that may attract the attention of Responders:

Individual's favorite toys, objects, music, discussion topics, likes, or dislikes:

Method of Preferred Communication. (*If nonverbal: Sign language, picture boards, written words, etc.*):

Identification Information. (*i.e., Does the Individual carry or wear jewelry, tags, ID card, medical alert bracelets, etc.*)

Tracking Information. (*Does the Individual have a Lifesaver or SafetyNet Transmitter Number*):



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YUMA POLICE DEPARTMENT VULNERABLE PERSON INFORMATION DISCLOSURE

By completing and submitting this form, you are voluntarily providing personal, behavioral, and/or medical information to the **Yuma Police Department (YPD)** for the purpose of assisting first responders during emergencies or calls for service at the listed location.

The information provided will be used to:

- Assist YPD Dispatch in assigning appropriate resources
- Provide responding officers, fire, and medical personnel with critical awareness prior to arrival
- Improve communication, de-escalation, and overall response outcomes for the identified individual

This information will be maintained by the Yuma Police Department and will be accessible only to authorized personnel for legitimate law enforcement, public safety, and emergency response purposes.

IMPORTANT NOTICE:

While YPD will take reasonable steps to safeguard this information, it may be accessed, shared, or disclosed when necessary to:

- Protect the safety of the individual, responding personnel, or the public
- Coordinate with emergency responders, including fire services, emergency medical services, and behavioral health providers (e.g., Community Bridges, Inc. (CBI), Onvida Health, or other partner agencies)
- Comply with applicable Arizona law, court orders, or public records requests in accordance with state law

This information is intended solely to enhance emergency response and **will not be used for routine enforcement purposes unrelated to public safety**, unless otherwise required by law.

By submitting this form, you acknowledge and consent to the collection, storage, and limited use of this information as described above.

ACKNOWLEDGMENT

I certify that the information provided is accurate to the best of my knowledge and understand the purpose and authorized use of this form.

Name: _____

Signature: _____

Date: _____