CITY OF GLOUCESTER S A F E W A T C H
P R O G R A M

(Confidential and Voluntary)

The Gloucester Police Department is committed to the safety of all of our residents. Knowing some people in the community have condition(s) that may cause them to wander, be unsafe or pose a danger to themselves or others, the Police Department working with volunteer organizations in the community has developed a Safe Watch Program.

The program is being implemented so that if a crisis occurs, the police have information on file to respond quickly using techniques that have the highest likelihood of leading to a successful outcome.

Family members, friends or caregivers are encouraged to make use of this program by calling the Police Department at 978-281-9900 to arrange an appointment with Lt. Joseph Fitzgerald who will be your liaison with the department.

To expedite the process, you may want to start filling in the form on your own.

LAST NAME	FIRST NAME
ADDRESS	TOWN/CITY
SOCIAL SECURITY NUMBER	PHONE NUMBER:
NICKNAME	DATE OF BIRTH

GENDER	HEIGHT FT IN	WEIGHT	EYE COLOR	HAIR COLOR	RACE

IDENTIFYING ITEMS (jewelry, tags, Medicalert)

IDENTIFYING MARKS (tattoos, birthmark, scars)

MEDICAL CONDITIONS:

☐ AUTISM	☐ ALZHEIMER'S/DEMENTIA	☐ BLIND	☐ BRAIN INJURY
☐ DEAF	☐ DEVELOPMENTAL DISABILITY	☐ MENTAL HEALTH ISSUES	
☐ NON-VERBAL	☐ PHYSICAL DISABILITY	☐ SEIZURES	

KNOWN DIAGNOSIS:

HAS THE PERSON BEEN HOSPITALIZED FOR THIS CONDITION? WHEN? WHERE?

PLEASE NOTE THAT IF THE PERSON IS A DANGER TO SELF OR OTHERS PLEASE CALL 911 IMMEDIATELY.

OTHER MEDICAL ISSUES:
PRESCRIPTION OR OVER THE COUNTER DRUGS BEING USED:
DIETARY/EATING ISSUES (E.G. HYPERGLYCEMIC, INSULIN DEPENDENCY)
IS THERE ALCOHOL OR ILLEGAL DRUG USE? HOW FREQUENT? ARE THERE TRIGGERS FOR THIS BEHAVIOR?
ARE THERE GUNS IN THE HOUSE? HOW MANY? OTHER WEAPONS (list)? DOES THE PERSON HAVE ACCESS TO WEAPONS AT OTHER PLACES (explain)?
HAS THE PERSON EXHIBITED VIOLENCE OR TORTURE TOWARDS PEOPLE OR ANIMALS?
HAS THE PERSON ATTEMPTED SUICIDE?
HOW DOES PERSON REACT TO SENSORY ISSUES (E.G. LOUD NOISES, TOUCHING)?
DISTINGUISHING BEHAVIORS, SIGNS OF DISTRESS (E.G.PARANOIA, REIGIOSITY)
EFFECTIVE APPROACH & DESCULATION TECHNIQUES:
IS THE PERSON LIKELY TO WANDER AWAY?
IF THEY WANDERED BEFORE WHERE DID THEY GO?
PEOPLE THAT PERSON MAY VISIT: (NAME & ADDRESS)
HABITS (E.G., FREQUENTLY WASHING HANDS, TAPPING FINGERS)
NAMES OF FAVORITE PLACES OR ATTRACTIONS:
FAVORITE ACTIVITIES (LIST)
LIKES PETS/HOBBIES/ TOPICS/ SPORTS TEAMS/, FOODS:
MOST DISLIKED HOBBIES/ TOPICS,/SPORTS TEAMS/, FOODS:
PREFERRED COMMUNICATION METHODS (e.g., if non-verbal, sign language, pictures, printed words)
WHAT IS YOUR GREATEST CONCERN ABOUT THE PERSON?

PROFESSIONALS TREATING THE PERSON

NAME	PHONE NO
ADDRESS:	TOWN:
SPECIALITY	
NAME	PHONE NO
ADDRESS:	TOWN:
SPECIALITY	
NAME	PHONE NO
ADDRESS:	TOWN:
SPECIALITY	

EMERGENCY CONTACTS

#1 NAME:	RELATIONSHIP:
ADDRESS:	TOWN:
HOME PHONE:	CELL PHONE:
OFFICE ADDRESS:	PHONE:
#2 NAME:	RELATIONSHIP:
ADDRESS:	TOWN:
HOME PHONE:	CELL PHONE:
OFFICE ADDRESS:	PHONE:
#3 NAME:	RELATIONSHIP:
ADDRESS:	TOWN:
HOME PHONE:	CELL PHONE:
OFFICE ADDRESS:	PHONE:

COMPLETED BY

DATE	OFFICER:
NAME OF PERSON FILING THE REPORT :	
ADDRESS:	CITY/TOWN:

Please use the reverse side of this sheet for additional information.

If You Have A Recent Photograph Please Bring It With You When You Visit The Police Station.