



CROWLEY POLICE DEPARTMENT

Guardian Program



NOTICE: The Guardian Program is designed to assist First Responders to quickly locate missing persons who are endangered due to a diagnosed medical condition that hinders cognitive ability and/or the ability to communicate. This includes, but is not limited to, individuals diagnosed with Alzheimer's and Autism.

Individuals who do not suffer from a medical condition that impairs the ability to think and communicate do not qualify for this program. Please contact the Crowley Police Department with any questions regarding this program or its criteria for qualification.

Instructions:

Please fill out the application completely – information requested is required by law to issue an alert.

Please include a recent picture of the applicant – picture should be large and clear without a busy background.

Please provide medical documentation of mental impairment – documentation is required by law to issue an alert.

1. Applicant's Information – Please provide the following information on the person participating in the program.

Last Name		First Name		Middle Name		
Nickname or Alias		Date of Birth		License/ID Number		
Social Security Number		Home Phone		Cell Phone		
Address (must be a Crowley resident)				Race	Skin Tone	
Gender	Height	Weight	Hair	Eyes	Facial	Glasses

List/Describe any scars, marks, tattoos, amputations, prosthetics, deformations in the spaces provided.

Physical Characteristics	Location	Description
Physical Characteristic	Location	Description
Physical Characteristic	Location	Description

List favorite attractions or locations where the individual may be found in the space provided.

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List favorite toys, topics of discussion, likes or dislikes.

Method of preferred communication (verbal, sign language, written words, songs, phrases s/he may respond to).

I.D./Medical Alert jewelry, GPS/Tracking Devices. If GPS is worn, provide manufacturer and transmitter number.

Public Safety Hazard Information. If applicant may become combative if restrained, confronted, etc., provide information below.

Provide any other information about the individual that may be helpful.

2. **Medical Information** – Please provide the following medical information, including the name of the condition causing mental impairment.

Primary Care Physician

Phone Number

After Hours Number

Physical documentation of mental impairment attached? ☐ Yes ☐ No **Notice: Documentation required in order to issue alert.**

All Medical Conditions (including diagnosis of mental impairment)

Prescribed Medications**Drug/Other Allergies****3. Vehicle Information – Please provide information for any vehicle the applicant has access to, regardless of current driving status.**

Year	Color	Make	Model	License Plate
Distinguishing marks, stickers, body damage:				

Year	Color	Make	Model	License Plate
Distinguishing marks, stickers, body damage:				

Year	Color	Make	Model	License Plate
Distinguishing marks, stickers, body damage:				

4. Emergency Contact Information – Please provide the following information for other primary caregivers and emergency contacts.

Last Name	First Name		Cell Phone
Home Phone	Address		
City	State	ZIP Code	Alternate Contact Number

Last Name	First Name		Cell Phone
Home Phone	Address		
City	State	ZIP Code	Alternate Contact Number

Last Name	First Name		Cell Phone
Home Phone	Address		
City	State	ZIP Code	Alternate Contact Number

5. Signature Page

I give the City of Crowley, the Crowley Police Department and its representatives permission to disseminate information included in this application and/or acquired through the investigation of a missing person, as deemed necessary to locate the applicant in the event s/he is reported missing or endangered in any way that requires law enforcement assistance.

I understand that personal information may be disseminated to other public safety agencies, media outlets, volunteer organizations, and the general public, and do not hold the City of Crowley, the Crowley Police Department or its representatives liable for any misuse of personal information.

Signature

Printed Name

Date

***** FOR OFFICE USE ONLY – DO NOT WRITE BELOW THIS LINE *****

Received by:	Date Received:	Time Received:	
	<i>Initials</i>		<i>Initials</i>
Applicant Name record created?		Emergency Contact Name Record Created?	
Alert added to applicant name record?		Emailed IT support to add address to GIS map?	
Premise alert added to applicant address?		Emailed beat officer?	
Packet scanned into applicant name record?		Name record entries/scans/etc. verified by?	