



June 1, 2023

Dear Scarborough Resident,

The Scarborough Police Department is committed to safeguarding our children and adults with special needs who become missing or lost. These types of calls for service are delicate in nature and require a timely response from law enforcement officials to facilitate a successful outcome.

With this goal in mind, we recently updated the ***Emergency Information for An Individual with Autism or Other Disabilities*** worksheet to obtain the critical information needed by law enforcement during the early stages of our investigation. The completion of the worksheet is voluntary and can be completed by the individual, parent, legal guardian or legally chosen designee. The worksheet can be partially or fully completed, depending upon the amount of information the individual is willing to disclose. Once the worksheet is completed, it will be retained in our Computer Automated Dispatch (CAD) files for reference during calls for service involving the special needs individual.

Respectfully submitted,

A handwritten signature in black ink that reads "Mark A. Holmquist".

Mark A. Holmquist
Chief of Police

<http://www.scarboroughmaine.org/departments/police>

SCARBOROUGH POLICE EMERGENCY

INFORMATION RELEASE FORM

This form is being completed voluntarily to allow specific information to be used by first response/law enforcement personnel to assist the person named in this form. I am registering myself, or I am the parent, legal guardian, or legally chosen designee of the person being registered. My relationship to the person being registered is _____.

I am giving my permission to the Scarborough Police Department to retain and distribute this information for the sole purpose of identification and assistance to the person at risk. I understand this information will be kept confidential and will only be used by emergency personnel for the stated purpose.

I understand that the information provided can be added to or deleted from the system by my written request. I also understand that there may be instances where this information may not deter incidents from taking place. The Scarborough Police, in gathering and maintaining this information, make no representations or promises that such incidents can be prevented.

Signature:

Printed Name: _____

Name of Person: _____

Date: _____

Email: _____

**SCARBOROUGH POLICE EMERGENCY
INFORMATION FOR AN INDIVIDUAL WITH
AUTISM OR OTHER DISABILITY**

Name: _____ Date of Birth: _____

Medical Condition or Disability(s)

Photograph Provided: YES _____ NO _____

Alias or Nicknames: _____

Physical Description:

Height: _____ Weight: _____ Eye Color: _____

Hair Color: _____ Eyeglasses: _____ Left or Right Handed _____

Address: _____

City: _____ State: _____ Zip: _____

Home: _____ Cell: _____ Work: _____

Parent/Guardian Name: _____

Address: _____

Home: _____ Cell: _____ Work: _____

Parent/Guardian Name: _____

Address: _____

Home: _____ Cell: _____ Work: _____

Emergency Contact Name and Telephone (other than parents/guardian):

Marks/Scars/Tattoos or other identifiers:

Please list closest body of water and area swimming pools:

Is the individual verbal: _____

If not what method of communication can be used:

Please list any word triggers that would help us communicate with the individual:

Does the individual have a history of aggressive behavior:

If yes please explain:

Please list any calming techniques:

Is the individual scared of Law Enforcement or Emergency Services:_____

If yes please specify: (uniform, hats, lights, or sirens)

Any behaviors that is normal to the individual that may be misconstrued as threatening or aggressive:

Please list any sensory or sensitivity issues such (example touch)

Does the individual have an accurate sense of danger:

Please list any specific interests: (examples water, swimming, swing sets etc)

Please list friends in the neighborhood the individual may go: (please include phone numbers and address if applicable)

Please list any places individual has been located in the past:

Are there any other medical conditions we should be aware of:

Is there any other information that would be helpful to Emergency Personnel:

Please return to the Scarborough Police Department,
ATTN: Community Resource Officer Eric Greenleaf.

In Person:
275 US Route 1, Scarborough, ME 04074

By Email:
egreenleaf@scarboroughmaine.org

If you are submitting photographs, please attach them with the form.