



# Hatfield Township Police Department

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William J. Tierney  
Chief of Police

## LOCATE – Law Officers Concerned About The Endangered Person with Special Needs Form

Name of Individual with Special Needs: \_\_\_\_\_

Their Address: \_\_\_\_\_

Current physical description of individual:

Race: \_\_\_\_\_ Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Height: \_\_\_\_ Weight: \_\_\_\_\_

Eye Color: \_\_\_\_\_ Age: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Nickname: \_\_\_\_\_

Scars / Marks / Tattoos/ Other Identifying Features: \_\_\_\_\_

Any Significant Medical / Psychological Condition(s): \_\_\_\_\_

Doctor / Psychiatrist / Other Mental Health or Medical Professionals currently being seen by: \_\_\_\_\_

Phone: \_\_\_\_\_

Name of Parents or Care Providers: \_\_\_\_\_

Their Address: \_\_\_\_\_

Phone Numbers: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Name of Alternative Emergency Contact: \_\_\_\_\_

Phone Numbers: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Sensory or Dietary Issues, if any: \_\_\_\_\_

Is he likely or she likely to wander off?: \_\_\_\_\_

Favorite attractions or places they may be found: \_\_\_\_\_

Atypical Behaviors or Characteristics that may attract attention: \_\_\_\_\_

Favorite Toys, Objects, Animals, or Discussion topics including likes & dislikes: \_\_\_\_\_

Approaching, Calming, or De-escalating techniques most likely to work: \_\_\_\_\_

Method of Communication, if nonverbal, sign language, picture board, written words: \_\_\_\_\_

ID information. Do they carry or wear jewelry, tags, identification cards: \_\_\_\_\_

Any additional pertinent information: \_\_\_\_\_