



TOWAMENCIN TOWNSHIP POLICE DEPARTMENT



Chief of Police Tim Troxel

1090 Troxel Road PO Box 303 Kulpville PA 19446
(215) 368-7606 (office) / 215-368-7624 (fax)

L.O.C.A.T.E. – Law Officers Concerned About The Endangered Person With Special Needs Form

Name of Individual with Special Needs: _____

Their Address: _____

Current Physical Description:

Age: _____ Race: _____ Sex: _____ Date of Birth: _____ Height: _____ Weight: _____

Eye Color: _____ Hair Color: _____ Nickname(s): _____

Scars/Marks/Tattoos/Identifying Features: _____

Significant Medical/Psychological Condition(s): _____

ID Information: Do they carry or wear jewelry, tags, identification cards? _____

Emergency Contact Information:

Primary Care Provider: _____

Address: _____ Phone Number: _____

Email Address: _____ Relationship: _____

Alternative Emergency Contact: _____

Phone Number: _____ Relationship: _____

Sensory or Dietary Concerns: _____

Is he/she likely to wander off or run away? _____

Places they like to visit: _____

Behaviors or Characteristics that may attract attention: _____

Toys, Objects, Animals, or Topics (include likes and dislikes): _____

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

Method of communication if non-verbal (sign language, picture board, written words): _____

Any additional pertinent information: _____

* ANY AND ALL INFORMATION SUBMITTED TO TOWAMENCIN POLICE DEPARTMENT ON THIS FORM WILL BE KEPT STRICTLY CONFIDENTIAL – INFORMATION WILL ONLY BE DISEMINATED IN CASES OF MISSING/ENDANGERED PERSONS OR RELATED EMERGENCY*

IF YOU NO LONGER WISH TO PARTICIPATE IN L.O.C.A.T.E. PLEASE SUBMIT YOUR REQUEST FOR REMOVAL TO 59DETECTIVES@TOWAMENCINPD.ORG