



## VULNERABLE PERSONS REGISTRY FORM

Welcome to the Deep River Police's Vulnerable Persons Registry. The purpose of this registry is to ensure that the Deep River Police can find you or your loved one quickly and safely in the event they go missing. Our service does this by gathering information that will help coordinate search efforts and reduce search times. Parents or caregivers of a vulnerable person living within the Municipality of Deep River can submit this information.

### Definition of a Vulnerable Person (VP)

A person who has a cognitive, physical, intellectual/developmental disability or other condition which may place him or her at an increased risk of misadventure leading to injury or death and who may require assistance from emergency services.

### Who can register?

#### Any person with:

- Alzheimer's Disease
- Autism
- An acquired brain Injury
- A Mental Health condition
- Increasing age
- Social isolation
- A tendency to wander
- The inability to communicate
- Fascinations or attractions (water, construction sites etc.)
- Unusual social responses (fear of strangers, aggression)

### Why Register?

Experience has taught us that people often delay in calling the Police to report a missing person. There are common misconceptions that you have to wait a period of time to report a missing person. It is time consuming to obtain information and photos about the missing person and this can cause a delay in starting the search. A person can walk 6km an hour and any delay will greatly increase the search area. By having information and a photo on file Police can immediately coordinate search efforts and commence searching.

Upon completion of the application, drop off at Deep River Police Station, or email [marek.brela@deepriverpolice.ca](mailto:marek.brela@deepriverpolice.ca) with scanned/signed application along with photo in jpeg format.

Confirmation of identity and authenticity of the personal information provided will be required.

**PLEASE COMPLETE THIS DOCUMENT ELECTRONICALLY OR BY PRINTING CLEARLY IN PEN**

**PLEASE CHECK ONE:**  New Application  Renewal Application  Update an Application

**PERSON DETAILS:**  Under 16 years of age  over 16 years of age

Vulnerable Person: \_\_\_\_\_  
Family Name First Name Second Name

Preferred Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address City/Town Postal Code

Telephone: \_\_\_\_\_  
Res. Cell Cell/Bus Ext.

Email Address: \_\_\_\_\_

Sex:  Male  Female

Height: \_\_\_\_\_ cm OR \_\_\_\_\_ ft \_\_\_\_\_ in Weight: \_\_\_\_\_ kg OR \_\_\_\_\_ lbs

Hair: \_\_\_\_\_ Eye: \_\_\_\_\_ Race/Ethnicity: \_\_\_\_\_

Glasses:  Yes  No Contact Lenses:  Yes  No Hearing Aid:  Yes  No

Language Spoken: \_\_\_\_\_ Language Read/Write \_\_\_\_\_

Scars: \_\_\_\_\_ Location: \_\_\_\_\_

Marks: \_\_\_\_\_ Location: \_\_\_\_\_

Tattoos: \_\_\_\_\_ Location: \_\_\_\_\_

Uses Public Transportation:  Yes  No Please Explain: \_\_\_\_\_

History of Violence:  Yes  No Please Explain: \_\_\_\_\_

Access to Firearms/Weapons:  Yes  No Please Explain: \_\_\_\_\_

**MEDICAL CONDITION/SPECIAL NEEDS: (CHECK ALL THAT APPLY)**

Cognitive  Physical Disability  Intellectual/Developmental Disability  Other

Please Explain: \_\_\_\_\_

Is Life Sustaining Medical Equipment Required?  Yes  No

Please Explain: \_\_\_\_\_

Prescribed Medication Requirements: \_\_\_\_\_

Medic Alert:  Yes  No If yes, specify location:  Wallet  Bracelet  Necklace  Other

If other, please explain: \_\_\_\_\_

Known to wander?  Yes  No

If yes, explain circumstances and where located: \_\_\_\_\_

Likely destination if they wander: \_\_\_\_\_

Suggested method of approach or know triggers? \_\_\_\_\_

**CONTACT DETAILS:**

**Primary Contact**

Institution Name: (If applicable) \_\_\_\_\_

Name: \_\_\_\_\_

Date of Brith: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Family Name First Nme Second Name  
yyyy-mm-dd

Address: \_\_\_\_\_  
Street Address City/Town Postal Code

Email Address: \_\_\_\_\_

Language Spoken: \_\_\_\_\_ Language Read/Read: \_\_\_\_\_

Contact Authorization Signature: \_\_\_\_\_

**Alternate Contact:**

Institution Name: (If applicable) \_\_\_\_\_

Name: \_\_\_\_\_

Date of Brith: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Family Name First Nme Second Name  
yyyy-mm-dd

Address: \_\_\_\_\_  
Street Address City/Town Postal Code

Email Address: \_\_\_\_\_

Language Spoken: \_\_\_\_\_ Language Read/Read: \_\_\_\_\_

Contact Authorization Signature: \_\_\_\_\_

**AUHTORIZATION:**

The information in this document is privledged and confidential. It is intended for the use of The Deep River Police. This information may be disseminated, distributed, copied or conveyed by Deep River Police to any other accredited police or healtch care agency involved in providing care of an emergent nature or under circumstances which are in the best interest to the vulnerable person. It is acknowledged by all that I retain the right to modify this information or cancel my authorization for the implemation and maintenance of this information file at any time by way of written notice delivered to Deep River Police personally or by my gaurdian or legal representative.

I agree to provide a current photograph of the Vulnerable Person and an accurate and completed application form.

I agree to notify The Deep River Police of any changes in the information submitted and to provide an updated application on the vulnerable persons birthdate or closest to that date.

I certify that the information above is true and correct and I have obtained the permission of the Vulnerable Person to apply on their behalf.

\_\_\_\_\_  
(Vulnerable Person/Designate - Please type or print)

\_\_\_\_\_  
(Witness - Please print or type)

\_\_\_\_\_  
(Vulnerable Person/Designate - Please type or print)

\_\_\_\_\_  
(Witness - Please print or type)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date