



# At-Risk Resident Program

Photo Here

Officer: \_\_\_\_\_ Badge: \_\_\_\_\_ WOP# \_\_\_\_\_ Date: \_\_\_\_\_

Reason for entry: \_\_\_\_\_

Name of person: \_\_\_\_\_ D.O.B \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair: \_\_\_\_\_ Eyes: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Nicknames: \_\_\_\_\_ Misc Information: \_\_\_\_\_

Scars/Marks/Tattoos: \_\_\_\_\_

Medical Information: \_\_\_\_\_

Favorite Places: \_\_\_\_\_

Unusual Habits: \_\_\_\_\_

Method of Transportation: \_\_\_\_\_

Emergency Contacts:

#1 Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

#2 Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

#3 Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

I, \_\_\_\_\_, hereby authorize the entry of the person referenced above as "at risk", and have voluntarily provided the information listed above and hereby authorize the release of all such information for purposes of identification of, or assistance to, the person at risk to any first responder, law enforcement personnel, dispatchers and/or employees of representatives of the Village of Woodridge and agree to indemnify them and hold them harmless from all liability for damages arising from the use of such information for the specified purposes.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approved: Yes \_\_\_\_\_ No \_\_\_\_\_ Date Entered: \_\_\_\_\_ LSI Submitted Date: \_\_\_\_\_