



# Wellesley Police - Safe Watch Program

THE WELLESLEY POLICE DEPARTMENT IS COMMITTED TO THE SAFETY OF OUR RESIDENTS WHO MAY HAVE A DISABILITY OR CONDITION WHICH WOULD CAUSE THEM TO WANDER FROM THEIR SAFE ENVIRONMENT. WITH THIS IN MIND, THE WELLESLEY POLICE DEPARTMENT HAS INITIATED A SAFE WATCH PROGRAM DESIGNED TO PROACTIVELY GATHER PERTINENT AND RECENT INFORMATION ON THE INDIVIDUAL SO THAT, IF A PERSON SHOULD GO MISSING, WE ARE PREPARED IMMEDIATELY TO BEGIN AN INFORMED SEARCH, DEPLOYING RESOURCES CONSTRUCTIVELY WITH THE BEST CHANCE OF RETURNING THE INDIVIDUAL TO THEIR SAFE ENVIRONMENT AS QUICKLY AS POSSIBLE. RESPONSIBLE FAMILY MEMBERS OF THESE INDIVIDUALS ARE ENCOURAGED TO MAKE USE OF THIS PROGRAM BY FILLING OUT THE FORM BELOW WITH AN OFFICER AND UPDATING IT WITH THE POLICE DEPARTMENT AS NECESSARY.

## Subject's Profile

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_ Town \_\_\_\_\_ County \_\_\_\_\_  
Current Physical Description \_\_\_\_\_  
Gender \_\_\_\_\_ Height \_\_\_\_ ft \_\_\_\_ inches Weight \_\_\_\_\_ Eye Color \_\_\_\_\_ Hair Color \_\_\_\_\_  
Identifying Marks (e.g., tattoos, birthmarks, scars) \_\_\_\_\_  
Identifying Items (e.g., jewelry, tags, ID card, MedicAlert bracelets) \_\_\_\_\_

## Medical Conditions

☐ Autism ☐ Deaf ☐ Diabetes ☐ Mental Health Issues ☐ Blind ☐ Dementia / Alzheimer's  
☐ Other developmental disability ☐ Nonverbal ☐ Physical disability ☐ Seizures ☐ Brain injury  
Prescription medications and frequency \_\_\_\_\_  
Treatment or medical procedures to avoid \_\_\_\_\_

## Notes

Sensory or dietary issues; any other relevant medical issues \_\_\_\_\_  
Is he / she likely to wander away? \_\_\_\_\_  
Habits / Preferences \_\_\_\_\_  
Favorite attractions or places \_\_\_\_\_  
Distinguishing behaviors / Signs of distress \_\_\_\_\_  
Favorite objects, toys, topics, likes or dislikes \_\_\_\_\_  
Effective approach and de-escalation techniques \_\_\_\_\_  
Preferred communication method (e.g., if non-verbal, sign language, pictures, printed words) \_\_\_\_\_

## Emergency Contact

Primary Contact Name (parents / guardians / care providers) \_\_\_\_\_  
Address \_\_\_\_\_ Town \_\_\_\_\_ County \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell \_\_\_\_\_  
TTD / TTY \_\_\_\_\_ Other \_\_\_\_\_

## Alternate Contact Name

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell \_\_\_\_\_  
TTD / TTY \_\_\_\_\_ Other \_\_\_\_\_

## Alternate Contact Name #2

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell \_\_\_\_\_  
TTD / TTY \_\_\_\_\_ Other \_\_\_\_\_

## Additional Notes

**\*Use the reverse side of this paper for additional notes. Please bring this form(s) along with a recent photo, to the Wellesley Police Department 485 Washington Street or email to [safewatch@wellesleyma.gov](mailto:safewatch@wellesleyma.gov)**