



## PERSON AT RISK – BIO FILE

Date of Application: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

### Personal Description:

Date of Birth: \_\_\_\_\_

Picture: \_\_\_\_\_

Race: \_\_\_\_\_ Sex: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Scars or Birthmarks: \_\_\_\_\_

Glasses: \_\_\_\_\_

Nicknames: \_\_\_\_\_

### Address Information:

Home: \_\_\_\_\_

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

School: \_\_\_\_\_ Phone #: \_\_\_\_\_

Parents Work: \_\_\_\_\_ Cell #: \_\_\_\_\_

Close friend to call if needed: \_\_\_\_\_

### Emergency Contacts:

Home:

Mother: \_\_\_\_\_ Father: \_\_\_\_\_ Legal Guardian: \_\_\_\_\_

Phone #: \_\_\_\_\_ Cell: \_\_\_\_\_

Other:

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone#: \_\_\_\_\_

### Communication and Social Interactions:

Means of communication: \_\_\_\_\_

\_\_\_\_\_  
(The more we know about the way the person at risk communicates the better we can meet his or her needs.  
Please be specific in explaining.)

Means used to comfort the person at risk:

\_\_\_\_\_

\_\_\_\_\_

Any Behavior issues: \_\_\_\_\_

If so, how do you respond? \_\_\_\_\_

Dislikes/Sensitivities: \_\_\_\_\_

Fears: \_\_\_\_\_ Please explain how he/she reacts and how you handle the situation: \_\_\_\_\_

Additional Information:

Medications: \_\_\_\_\_

Allergies? \_\_\_\_\_

Hazards near home: \_\_\_\_\_

Seizures? \_\_\_\_\_ If yes, what do they look like? \_\_\_\_\_

Other important information that will help identify the risk or assist personnel to care for and maintain the safety of this person.

Release

I, \_\_\_\_\_ give my permission to the Town of Hopkinton Police Department to retain and distribute this information to first response personnel for the sole purpose of identification and assistance to the person at risk.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

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