

Newton Police Department  
1321 Washington Street  
Newton, MA 02465

## PEOPLE WITH DEVELOPMENTAL DISABILITIES PROGRAM

Please complete this form and email to [erosenba@newtonma.gov](mailto:erosenba@newtonma.gov) along with a photograph of the person under consideration.

**Personal Information:**

**DATE:** \_\_\_\_\_

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

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

Phone # \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Nickname: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

Identifying Scars / Marks: \_\_\_\_\_

**Personal Contact Information:**

Father's Name: \_\_\_\_\_ Father's phone number: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Mother's phone number: \_\_\_\_\_

Lives with: \_\_\_\_\_

Third Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Third Contact Phone Number: \_\_\_\_\_

Language spoken at Home: \_\_\_\_\_

**PHOTO:** (add as attachment to email)

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

School Location: \_\_\_\_\_

**Medical Information:**

Verbal? \_\_\_\_\_ Hearing and processing issues? \_\_\_\_\_

Please explain: \_\_\_\_\_

Blind? \_\_\_\_\_ Deaf? \_\_\_\_\_ Prone to Seizures? \_\_\_\_\_

Physical Challenges/Accommodations: \_\_\_\_\_

Anything else that might be informative? \_\_\_\_\_

\_\_\_\_\_

Medications being taken: \_\_\_\_\_

Personal Tendencies: \_\_\_\_\_

Any particular habits: \_\_\_\_\_

Likes (what they are fond of or prone to go to?): \_\_\_\_\_

\_\_\_\_\_

Dislikes (comfortability wise): \_\_\_\_\_

\_\_\_\_\_

Ever wandered off? If yes where to? \_\_\_\_\_

Probable reaction to presence of police (i.e. will they speak, shy?) \_\_\_\_\_

Preferred form of communication (speaking, writing, pointing etc): \_\_\_\_\_

\_\_\_\_\_

Identifying Information (wears a medical bracelet, carries a medical card etc.): \_\_\_\_\_

\_\_\_\_\_

Best way to approach or communicate? \_\_\_\_\_