



City of Ripon POLICE DEPARTMENT

259 N. Wilma Ave. Ripon, CA 95366

Edward F. Ormonde, Chief of Police

Business (209)599-2102
Animal Services (209)599-3067
Fax (209)599-4034
E-Mail rpdmal@cityofripon.org

Wandering Person Registration Form

Name of Person At Risk

Last Name

First Name

MI

Date of Birth
MM/DD/Year

Gender M/F

Race

Height

Weight

Scars/Birthmarks
Tattoos

Home Address

City

Zip Code

Home Phone

Cell Phone

Helpful Information on Person At Risk

Is wandering person verbal or non verbal

☐ Verbal

☐ Non Verbal

Has wandering person wandered before?

☐ Yes

☐ No

If Yes, where were they found?

Please list closest body of water to your residence [include rivers, ponds, drainage ponds and pools]

Favorite hiding place at home:

Favorite place in the community/neighborhood?

Will they respond to their name being called? ☐ Yes

☐ No

Favorite name to be called?

Wandering Person Characteristics

Sensory Issues? ☐ Yes

☐ No

Touch Issues? ☐ Yes

☐ No

Sound Issues? ☐ Yes

☐ No

Sight Issues? ☐ Yes

☐ No

Hearing Issues? ☐ Yes

☐ No

Bright Lights Issues? ☐ Yes

☐ No

Eye Contact Issues? ☐ Yes

☐ No

Processing Delays ☐ Yes

☐ No

Particular Fears: [please list]

Dislikes/Triggers: [Please List]

Favorite object or topic: [Please List]

Meltdown Triggers/Behaviour: [Please List]

Calming strategies that work: [Please List]

How has person interacted with police in the past: [Please List]

Are there weapons in your home ☐ Yes

☐ No

Are there any drug or alcohol issues ☐ Yes

☐ No

Emergency Contact Information

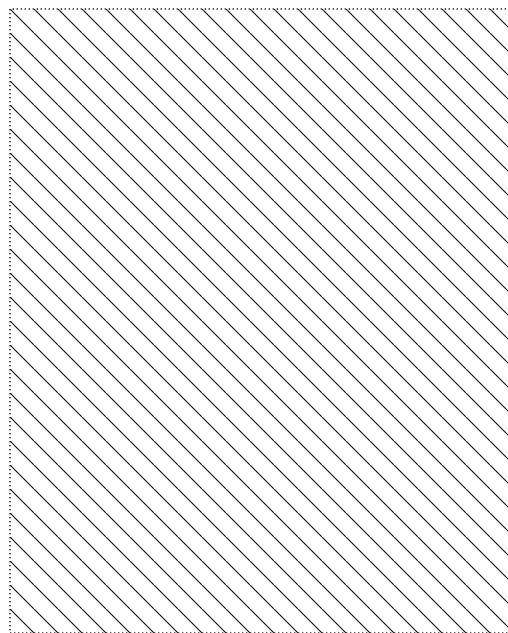
Last Name		First Name		MI	
Relationship					
Address					
City					
Zip					
Home Phone					
Cell Phone					
Work Phone					
E-mail					

Other Contact Information - [Doctor, Therapist, Counselor, Aide, Etc]

Last Name		First Name		MI	
Relationship					
Address					
City					
Zip					
Home Phone					
Cell Phone					
Work Phone					
E-mail					

Photograph

You must submit a photograph of the person registered for the registration to be completed. You can e-mail a digital photograph to WanderingPerson@cityofripon.org



Release Statement

By filling out the below release information you give your permission for any first responder agency [including but not limited to - Police/Fire/Rescue/EMS/9-1-1 Dispatch Center and Search and Rescue personnel] to retain and distribute the information contained in this registration form to other first responder personnel, for the sole purpose of identification and protection of the person identified above in an emergency or crisis situation.

First Name

Last Name

MI

Signature

Relationship to
Wandering
Person

Date

Emergency Needs/Medical Conditions/Diagnosis

Medical
Condition #1

Medical
Condition #2

Medical
Condition #3

Medications

Other

Primary Doctor

Doctor Phone #

If person at risk needs to be transported to a hospital, please list preferred place to transport

Hosp. of Choice