Cassia County Sheriff's Office

Cassia County @	7	for t	the Vulnerable Population				
Patient Information							
Patient's Name							
(Last, First Middle)							
Nickname			Date of Birth				
Address							
Street Address							
Address Line 2							
City			State				
Zip Code			Country				
Patient's Primary Phone Number		Patient	s Cell Phone Number				
(xxx)xxx-xxxx	(xxx)xxx-xxxx						
Patient Diagnosis							
Additional Diagnosis							
Medicinal Requirements "@ V k \							
Additional Medical Information							

Height	Weight	Race	Gender								
Hair Color	Eye Color	Glasses									
Scars/Marks/Tattoos											
Valid Driver's License <u>YES</u> NO	Driver's License State	Driver's License / I	dentification Card Number								
Other Special Informatic	on										
Living Status			Primary Language								
Alone With Spouse	e With Caregiver	Care Facility									
Wandering Tendancies (Places they like to go, Things t	hey are drawn to, Where have th	ney gone in the past)									
Safe Topics for Vulnerab	le Person ^{·····} #		· · · 'u · · · · · ·								
Does the vulnerable per	son fear police, paramedi	cs, or firefighters?									
Does the vulnerable per	son have access to weapo	ons?									
Are there any known teo	chniques that successfully	deescalate the perso	n?								
Does the vulnerable per	son have any triggers?										
Is there anything that he	elps to calm the vulnerabl	e person?									

Vehicle Information

Make	Model	Year	Color	Plate	State						
School	and Employment Informatior	ı									
School		Grade Level									
Employe	er Company Name and Address										
Employe	er Contact Information		Work Hours	5							
Primar	y Contact Information										
Primary	Contact Name	Ph	one Number(s)								
Primary Contact Address (House, Street, City, State, Zip Code, Country)											
Primar	y Contact Email	Re	elationship								
Second	lary Contact Information										
Seconda	ry Contact Name	Ph	one Number(s)								
Secondary Contact Address (House, Street, City, State, Zip Code, Country)											
Primar	y Contact Email	Re	elationship								

Attachments (Attach identifying information, Pictures of individual, Vehicle, Tattoos, etc.)