Cassia County Sheriff's Office

Cassia County Lyf2NYl·úλ2yC2NY for 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

(xxx)xxx-xxxx

_____

Patient's Cell Phone Number

(xxx)xxx-xxxx

_____

Patient Diagnosis

Additional Diagnosis

Medicinal Requirements óLyãdztÐyʹ ø٨ÚK bŜŠŘťŜăΣ wŜIjdzNNŜă ŘI·ƙtè YʹŜŘăΣ hÈèƎŜyʊ

Additional Medical Information

Height	Weight	Race	Gender
_____	_____	_____	_____

Hair Color	Eye Color	Glasses
_____	_____	_____

Scars/Marks/Tattoos

Valid Driver's License	Driver's License State	Driver's License / Identification Card Number
YES ☐ NO ☐	_____	_____

Other Special Information

Living Status **Primary Language**

Alone ☐ With Spouse ☐ With Caregiver ☐ Care Facility ☐ _____

Communication Method

(Verbal, Non-Verbal, Hearing Difficulties, Picture/Assisted Communication Devices, Sign Language)

Wandering Tendancies

(Places they like to go, Things they are drawn to, Where have they gone in the past)

Safe Topics for Vulnerable Person ó/I·ÚÖK LJKNI·ăŜă 2N ø2NŘă ÚKŜ LJŜNă2y˝fi]Ŝă ú2 džŜ 2N NŜLJŜI·úΣ ¢2LJkÔă LJŜNă2y˝Ŝy℮2ëă úI·f]ʎyƎ I·õ2dźúó

Does the vulnerable person fear police, paramedics, or firefighters?

Does the vulnerable person have access to weapons?

Are there any known techniques that successfully deescalate the person?

Does the vulnerable person have any triggers?

Is there anything that helps to calm the vulnerable person?

Vehicle Information

Make **Model** **Year** **Color** **Plate** **State**

School and Employment Information

School **Grade Level**

Employer Company Name and Address

Employer Contact Information **Work Hours**

_____ _____

Primary Contact Information

Primary Contact Name **Phone Number(s)**

Primary Contact Address (House, Street, City, State, Zip Code, Country)

Primary Contact Email **Relationship**

Secondary Contact Information

Secondary Contact Name **Phone Number(s)**

Secondary Contact Address (House, Street, City, State, Zip Code, Country)

Primary Contact Email **Relationship**

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