



LILBURN POLICE DEPARTMENT Vulnerable Citizens Registry Program

Register in person at the
Lilburn Police Department
or at www.cityoflilburn.com

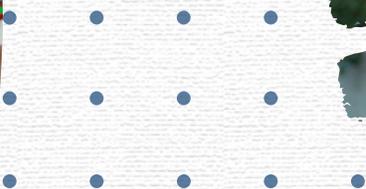


About The Program

This voluntary registry will provide the Police Department with emergency contact information, detailed physical descriptions, known routines and special needs of individuals who reside within the city. This information will assist officers in communicating with, attending a residence of, or dealing with an emergency involving this individual.

Eligibility

While there is not an exhaustive list, this registry is designed for residents in Lilburn who are at risk if separated from their caregiver such as residents with Alzheimer's Disease, Dementia, Autism, Down's syndrome or similar disabilities.





LILBURN POLICE DEPARTMENT

Vulnerable Citizens Registry

Program

Frequently Asked Questions

Who is a Vulnerable Citizen?

A vulnerable person is defined as a person who due to medical, cognitive, mental health or physical condition may exhibit patterns of behavior that may pose a danger to that person. Examples of Vulnerable Persons may include persons with autism, dementia, acquired brain injury, cerebral palsy that may cause a person to exhibit atypical behaviors (e.g. wandering, physical instability, inability to communicate, aggression, irrational fear, oversensitivity to sensory stimulus (sounds, lights, touch)).

What is the Vulnerable Citizen's Registry

The Vulnerable Citizen's Registry is a community based policing initiative by the Lilburn Police Department. The registry promotes communication between vulnerable persons, the people who support them, and the police. This information will assist officers when responding to an emergency involving the vulnerable individual. The registry provides quick access to critical information about a registered person, such as who to call in an emergency, a detailed physical description, and any particular sensitivities that the person may experience. Registration is completely voluntary.



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Frequently Asked Questions

How will a registered person's information be used?

A registered person's information will only be used by Lilburn Officers during an emergency or an attempt to reunite a registree with their caregiver.

If Responding to a call for assistance, at a registree's residence, officers can be alerted beforehand if the registree has an inability to communicate, aggression, irrational fear, oversensitivity to sensory stimulus. This could help the officer in the way they approach the situation.

Where will the information be kept?

The registrant's Information will be kept confidential and to only be used "in-house" by Lilburn Officers. Information may be provided to other local agencies such as the Fire Department during an emergency.



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Frequently Asked Questions

How do I register?

If you are the caretaker or legal guardian of a Vulnerable Citizen, you can go to www.cityoflilburn.com and fill in the online form. You may also fill a form in person at the Lilburn Police Department. This could be an opportunity for officers to meet and interact with the registrant, especially if they are weary of the police.

What Happens after registration?

The registrant's Information will be kept on file for use during an emergency. A optional Identification card, wrist band, and residence window cling will be provided at no cost. The ID card and wristband will assist officers in identify registered individuals and the window cling will let officers know there is a Vulnerable Citizen living at the residence.



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Vulnerable Citizens Registration Form

Vulnerable Citizens Information

First Name _____ Middle Initial _____

Last Name _____ Nickname (If Any) _____

Home Address _____

Home Phone _____ Cell Phone _____

Date of Birth _____ Gender M F Height _____

Weight _____ Hair Color _____ Eye Color _____

Scars/Piercings/Tattoos _____

What is the registrant's special need? (i.e., Autism, Alzheimer's, Mental Illness etc.)

Method of Communication: (Verbal, Non-Verbal, Sign Language, Written, Speech Assistance Device)



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Vulnerable Citizens Registration Form

Vulnerable Citizens Information

What language(s) does the registrant speak or understand?

Does the registrant utilize any tracking/health equipment?
(Project Lifesaver, Life Alert, ect.)

Life Threatening Medical Concerns? (Medicine, Allergies, Seizures
etc.)

Areas that the registrant frequents (playgrounds, pools, stores,
friend's residence etc.)

Does the registrant gravitate towards water? If so, can the
registrant swim? _____



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Vulnerable Citizens Registration Form

Vulnerable Citizens Information

Any triggers which affect the registrant (i.e., loud noises, bright lights etc.)

Any calming methods used for the registrant?

Does the registrant have a driver's license? (If so list license number)

Does the registrant own or frequently drive a vehicle? (If so, list make, model, color, and license plate)

Does the registrant attend school or are they employed? Name of School/Employer



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Vulnerable Citizens Registration Form

Vulnerable Citizens Information

School/Employer address

School/Employer phone number _____

Emergency Contact/ Caregiver Information:

First Name _____

Last Name _____

Relationship _____

Home Address

Home Phone _____ Cell Phone _____



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Vulnerable Citizens Registration Form

Verification

I acknowledge that by signing below that the information being provided is truthful, current, and valid and that I am authorized to submit it on my behalf or as the legal guardian with authority to submit it on behalf of another. I further understand that by enrolling myself or someone else in the Lilburn Police Registry for Vulnerable Citizens, that the personal information entered may be used by emergency personal, including, but not limited to, law enforcement officers, emergency medical services (first aid/paramedics), and fire department personnel in the event of a personal emergency or other emergency situation. It is further understood that completion of this form and participation in the Lilburn Police Registry for Vulnerable Citizens is voluntary and cannot guarantee and is not intended to convey and warrant, either express or implied, as to outcomes, promises, or benefits from the use of this form and participation in this program. By signing below, I also acknowledge that I understand the disclaimer.

(Signature of the Person Filling out this Form)

(Relationship to Registrant)

(Print Name)

(Date)