



# Town of Montgomery Police Department

110 Bracken Road

Montgomery, New York 12549

845.457.9211 (*phone*)

845.457.4127 (*fax*)

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## VULNERABLE PERSON FORM

The Town of Montgomery vulnerable person registry is offered to Town of Montgomery families or caregivers of vulnerable persons residing within The Town of Montgomery Police jurisdiction. The information on this form is a voluntary submission to be entered into our local database to assist our department in communicating with, responding to the residence of, or dealing with an emergency involving this individual.

As the parent, guardian, or self-advocate you will be requested to complete your information first followed by the information regarding the individual you are registering. To register please complete this form and either submit it electronically to [cvandendooren@townofmontgomery.com](mailto:cvandendooren@townofmontgomery.com) or by visiting the Town of Montgomery Police Department.

### Submitting instructions

1. Complete pages 2-3 of this form
2. Submit a current photo with form
3. Email to [cvandendooren@townofmontgomery.com](mailto:cvandendooren@townofmontgomery.com) or drop off at Town of Montgomery Police Department, 110 Bracken Rd, Montgomery, NY 12542.
4. Receive confirmation of registration



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## Requesting person information

Date of request: \_\_\_\_\_

### Primary contact in case of emergency

Full name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Relationship to vulnerable person: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

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

Email address: \_\_\_\_\_

### Secondary contact in case of emergency

Full name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Relationship to vulnerable person: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

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



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## Vulnerable person information

Full name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

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

Email address: \_\_\_\_\_

### Physical Description

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Build: \_\_\_\_\_

Gender: \_\_\_\_\_ Race: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

Hair color: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Glasses: Yes \_\_\_\_\_ No \_\_\_\_\_

Hearing device: \_\_\_\_\_ Communicates: Verbal \_\_\_\_\_ Non-Verbal \_\_\_\_\_

Best method to communicate: \_\_\_\_\_

\_\_\_\_\_

Distinguishable characteristics: \_\_\_\_\_

\_\_\_\_\_

Special Concerns: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

\*By submitting this form, I realize that I have given this information voluntarily and it will be used as a tool to assist Police and that by signing this form I have confirmed that the individual being added to the registry has been notified that the Police have their information.