Lend-A-Hand

Lend-A-Hand is a voluntary program offered by the Town of Manlius Police Department to resolve the safe return home, and to continue positive encounters with, individuals who may not be able to advocate for themselves to law enforcement or other first responders.

This program is completely voluntary, and you may choose which parts of the form you wish to fill out. When completing this form, please remember that the more detailed information you provide will further inform the service our officers or other first responders provide concerning how to aid and encourage the individual.

Please review the entirety of this form before completing, signing, and submitting it. The information provided on this form will be entered into the Town of Manlius Police Department's records system and may be shared with other first responders to better approach and care for you or the individual.

The Town of Manlius Police Department respects you and your right to confidentiality and all information provided will remain confidential. Should you request the information removed, we will purge your information from our system.

By voluntarily completing the *Lend-A-Hand* form, I acknowledge that the information provided herein is accurate and legitimate and is being submitted with the intention to assist Police, Fire, EMS, and other Emergency Responders with a more effective and efficient response to a potential emergency involving myself or the individual.

I, therefore, authorize the use of this information for emergency purposes.

THIS PROGRAM IS FOR THOSE WHO RESIDE, WORK, OR ATTEND SCHOOL IN THE TOWN OF MANLIUS

Individual Information :

Name (First Middle Last)

Nicknames (If applicable)

Date of Birth

Current Age

Hair Color

Eye Color

Race

Skin Tone

Gender

Height

Weight

Glasses or Contacts

Primary Language

Scars/Marks/Tattoos

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Home Address

Home Phone

Cell Phone

Phone Carrier (Verizon, AT&T, etc.)

Driver's License # State

Vehicles (Year, Make, Model, Color)

License Plate # & State

Vehicles (Year, Make, Model, Color)

License Plate # & State

Vehicles (Year, Make, Model, Color)

License Plate # & State

Conditions/Diagnosis (Check all that apply) :

☐ADHD ☐Alzheimer's ☐Autism ☐Bipolar
☐Blind ☐Combative ☐Deaf ☐Dementia
☐Developmental Disability ☐Down Syndrome ☐Forgetful
☐No Sense of Danger ☐Non-Verbal ☐Schizophrenia ☐Seizures
☐Sign Language ☐Speech Impairment ☐Traumatic Brain Injury
☐Visual Impairment ☐Tendency to wander (if so, where)

Mental Disability (Explain)

Mental Illness (Explain)

Other (Explain)

Medical Information :

Medications

Allergies

Dietary Restrictions

Doctors (Primary, Therapists, Coordinators)

If the individual needs hospitalization or treatment, which facility or hospital is preferred? (Explain)

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Which facilities or hospitals should be avoided? (Explain)

PLEASE ATTACH PHOTO(S) OF INDIVIDUAL :

_____

Organizations: (If the individual is currently affiliated with programs such as the following)

☐ARC of Onondaga ☐Project Life Saver ☐Silver Fox Program

☐Other

Emergency Contact Information :

1. Name (First Middle Initial Last)
   Address
   Home Phone
   Cell Phone
   Relationship to individual
   E-mail address

2. Name (First Middle Initial Last)
   Address
   Home Phone
   Cell Phone
   Relationship to individual
   E-mail address
3. Name (First Middle Initial Last)
   Address
   Home Phone
   Cell Phone
   Relationship to individual
   E-mail address

Please list the names of caregivers, parents, siblings, or other family members involved in their life.

1. Name (First Middle Initial Last)

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Address
Home Phone
Cell Phone
Relationship to individual
E-mail address

2. Name (First Middle Initial Last)
   Address
   Home Phone
   Cell Phone
   Relationship to individual
   E-mail address

3. Name (First Middle Initial Last)
   Address
   Home Phone
   Cell Phone
   Relationship to individual
   E-mail address

4. Name (First Middle Initial Last)
   Address
   Home Phone
   Cell Phone
   Relationship to individual
   E-mail address

5. Name (First Middle Initial Last)
   Address
   Home Phone
   Cell Phone
   Relationship to individual
   E-mail address

6. Name (First Middle Initial Last)
   Address
   Home Phone
   Cell Phone
   Relationship to individual
   E-mail address

Questionnaire:

- What is the individual's living situation? Does the individual live alone, with a spouse or partner, with children, in an assistant living facility, with a parent(s), or others? Explain.

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- Is the individual drawn to any special interests? (Example: trains, water, woods, parks, malls, traffic, animals etc.) Explain.

- What are some locations the individual frequents?

- Has the individual ever run away or been reported missing? If yes, please explain. Where was the individual found?

- How does the individual communicate? Is the individual verbal or nonverbal? (Sign language, technology use, picture cards, etc.) Explain.

- Do you fear the individual will run from first responders or other emergency vehicles? (Police, Fire Fighters, EMS, K-9 Units, Service Animals, etc.) Explain.

- What types of behaviors from the individual should be expected? (Kicking, hitting, self-hitting, biting, running away, etc.) Explain.

- What is the best way to approach the individual? Explain.

- If the individual ever became confrontational, how could officers or other emergency personnel calm the individual without your presence? Explain.

- What are some of the individuals' favorite objects, toys, music, interests, discussion topics, likes and dislikes? Explain.

- What works best to reduce the individual's stress or to calm them? (Any specific object, music, quiet environment, etc.) Explain.

- Does the individual have any known triggers or sensitivities? (Lights, sirens, loud radio noise, etc.) Explain.

- Please explain in detail any other information that we may need to know that may assist us in avoiding triggering a violent response from the individual.

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- Does the individual have any identification information? (Jewelry, identifying tags, ID cards, medical alert bracelets, etc.) If yes, please describe and where the item can be located.

- Where was the individual born?

- Does the individual work? If yes, where?

- Has the individual ever had any sort of specialized training? (Former military, law enforcement, marital arts, etc.) Explain.

- Any other pertinent information about the individual? Explain.

***PLEASE NOTE: Should there be any changes, it is the responsibility of the legal guardian or representative, to notify the Town of Manlius Police Department so the *Lend-A-Hand* form will contain the most up to date information ***

My signature below acknowledges the following:

(A) I am legally responsible for the individual named above for whom I have provided information;
(B) The information provided on this form is truthful;
(C) I consent to have this information shared among law enforcement, fire, EMS, and other emergency responders for the enrollment in the *Lend-A-Hand* program.

The Town of Manlius Police Department, *Lend-A-Hand* program, authorization for use and disclosure of protected health information.

By signing this authorization for use and disclosure of health information, I acknowledge that I have voluntarily provided information about myself, my child under eighteen (18) years of age, or my legal ward to the Town of Manlius Police Department *Lend-A-Hand* program, operated and administered by the Town of Manlius Police Department. I authorize the Town of Manlius Police Department to utilize the voluntarily completed *Lend-A-Hand* form for emergency responses of myself, my child under eighteen (18) years of age, or my legal ward.

I understand that I do not have to sign this authorization for myself, my loved ones, or the individual this form is being filled out for, to receive treatment from any emergency provider. I have a right to revoke this authorization in writing except to the extent that the Town of Manlius

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Police Department's *Lend-A-Hand* program has already acted in reliance upon this authorization.

My written revocation must be submitted to an officer at:

The Town of Manlius Police Department
1 Arkie Albanese Avenue
Manlius, NY 13104

Individual Name:

Name (First Middle Last)

Address

Home Phone

Cell Phone

Parent or Legal Guardian Name:

Name (First Middle Last)

Address

Home Phone

Cell Phone

Relationship to individual

E-mail address

***Lend-A-Hand* Program Release Waiver**

Date

I,

First Name Middle Initial Last Name

residing at

Address

give permission to the Town of Manlius Police Department to utilize any and all information voluntarily provided, related to the care or well-being of,

Lend-A-Hand Participants Name.

First Name Middle Initial Last Name

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I understand this information may be released to other emergency personnel agencies via the 911 Center, such as other law enforcement, fire department, EMS, or other emergency medical service personnel.

Signature & Date

Submit Lend-A-Hand form via e-mail

(please attach completed form to e-mail)