

Boise Police Department Accommodation Registry

Registrant Information:

Name: _____ Date of Birth: _____
 Address: _____ Home Telephone: _____
 City: _____ State: _____ Cell Phone: _____
 Gender: _____ Race: _____ Height: _____ Weight: _____ Hair: _____ Eyes: _____
 Scars/Marks/Tattoos: _____
 Disability/Diagnosis: _____
 Name of Contact at Residence: _____ Telephone: _____

Guardian/Caregiver Contact Information:

Name: _____
 Address: _____ Home Telephone: _____
 City: _____ State: _____ Cell Phone: _____
 Type/Date of Guardianship: _____
 Other Emergency Contact: _____ Telephone: _____
 Other Emergency Contact: _____ Telephone: _____

Registrant is a client at: _____
 Therapist Name: _____ Doctor: _____
 Therapist Contact Information: _____

Please check Yes or No. If Yes, please provide a brief description.

Access to Weapons	<input type="checkbox"/> Yes <input type="checkbox"/> No	<hr/> <hr/>
Threat to self	<input type="checkbox"/> Yes <input type="checkbox"/> No	<hr/> <hr/>
Prior suicide attempt(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<hr/> <hr/>
Threat to others	<input type="checkbox"/> Yes <input type="checkbox"/> No	<hr/> <hr/>
Prior injury to others	<input type="checkbox"/> Yes <input type="checkbox"/> No	<hr/> <hr/>
Hallucinations	<input type="checkbox"/> Yes <input type="checkbox"/> No	<hr/> <hr/>
Delusional	<input type="checkbox"/> Yes <input type="checkbox"/> No	<hr/> <hr/>
Substance Abuse	<input type="checkbox"/> Yes <input type="checkbox"/> No	<hr/> <hr/>

Boise Police Department Accommodation Registry

What emergency personnel need to know in an emergency:

What I can do to help myself (Crisis Plan – attached if necessary):

What it looks like when I need help.

What others can do for me.

What I do not want others to do.

Waiver: The undersigned hereby releases this information to be entered into the Boise Police Department Data System to be used by public emergency services agencies as governed by Idaho Public Records laws. This permission may be rescinded at any time.

Registrant: _____ Date: _____

Guardian: _____ Date: _____

Witness: _____ Date: _____