



Waxahachie Police Department's  
**Guardian Program**



New Application     Renewal     Update

**Instructions:**

- Please fill out the application completely** - information requested is required by law to issue an alert.
- Please include a recent picture of the applicant** - picture should be large and clear without a busy background.
- Please provide medical documentation of mental impairment** - documentation is required by law in order to issue alert.

**1. Applicant's Information** - Please provide the following information on the person participating in the program.

Last Name		First Name		Middle Name		
<input type="text"/>		<input type="text"/>		<input type="text"/>		
Nickname or Alias		Date of Birth		License/ID Number		
<input type="text"/>		<input type="text"/>		<input type="text"/>		
Social Security Number		Home Phone		Cell Phone		
<input type="text"/>		<input type="text"/>		<input type="text"/>		
Address (must be a Ellis County resident)				Race	Skin Tone	
<input type="text"/>				<input type="text"/>	<input type="text"/>	
Gender	Height	Weight	Hair	Eyes	Facial Hair	Glasses
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No

List/Describe any scars, marks, tattoos, amputations, prosthetics, deformations in the spaces provided.

Physical Characteristic	Location	Description
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

List favorite attractions or locations where the individual may be found in the space provided.

List favorite toys, topics of discussion, likes or dislikes.

Method of preferred communication (verbal, sign language, written words, songs, phrases s/he may respond to).

I.D./Medical Alert jewelry, GPS/Tracking Devices. If GPS is worn, provide manufacturer and transmitter number.

Public safety hazard information. If applicant may become combative if restrained, confronted, etc., provide information below.

Provide any other information about the individual that may be helpful.

**2. Medical Information** - Provide the following medical information including the name of the condition causing mental impairment.

Primary Care Physician	Phone Number	After Hours Number

Physician documentation of mental impairment attached?  Yes  No **Notice: Documentation required to issue alert.**

All Medical Conditions (including diagnosis of mental impairment)	
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Prescribed Medications	
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Drug/Other Allergies	
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**3. Vehicle Information** - Please provide information for any vehicle the applicant has access to, regardless of current driving status.

Year	Color	Make	Model	License Plate
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Distinguishing marks, stickers, body damage: <input style="width: 90%;" type="text"/>				

Year	Color	Make	Model	License Plate
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Distinguishing marks, stickers, body damage: <input style="width: 90%;" type="text"/>				

**4. Emergency Contact Information** - Please provide the following information for other primary caregivers and emergency contacts.

Last Name	First Name	Cell Phone	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Home Phone		Address	
<input type="text"/>		<input type="text"/>	
City	State	Zip Code	Alternate Contact Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Last Name	First Name	Cell Phone	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Home Phone		Address	
<input type="text"/>		<input type="text"/>	
City	State	Zip Code	Alternate Contact Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Last Name	First Name	Cell Phone	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Home Phone		Address	
<input type="text"/>		<input type="text"/>	
City	State	Zip Code	Alternate Contact Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

I give the City of Waxahachie, the Waxahachie Police Department and its representatives permission to disseminate information included in this application, and/or acquired through the investigation of a missing person, as deemed necessary to locate the applicant in the event s/he is reported missing or endangered in any way that requires law enforcement assistance.

I understand that personal information may be disseminated to other public safety agencies, media outlets, volunteer organizations and the general public and do not hold the City of Waxahachie, the Waxahachie Police Department or its representatives liable for any misuse of personal information.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
E-mail Address

\*\*\*\*\*FOR OFFICE USE ONLY - DO NOT WRITE BELOW THIS LINE\*\*\*\*\*

Received By	Date Received	Time Received
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	Initial		Initial
Applicant name record created?		Emergency contact name record created?	

Alert added to applicant name record?	<input type="checkbox"/>	Emailed IT support to add address to GIS map?	<input type="checkbox"/>
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Premise alert added to applicant address?	<input type="checkbox"/>	Emailed beat officer?	<input type="checkbox"/>
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Packet scanned into applicant name record?	<input type="checkbox"/>	Name record entries/scans/etc verified by?	<input type="checkbox"/>
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