



# Vinton Police Department Loved Ones Safe and Together (L.O.S.T.) Program Information Intake Form



The information you provide will assist the Vinton Police Department in identifying citizens who have the potential of becoming lost or disoriented due to a medical condition. The information will be kept confidential in accordance with Iowa Code Chapter 22.7, paragraph 18, subsection A and B until law enforcement deems it necessary to release the information.

## Resident Information

Last Name: \_\_\_\_\_ First name: \_\_\_\_\_ Middle: \_\_\_\_\_ Nickname: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Birth Date: \_\_\_\_\_

M:  F:  Race: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Additional Identifiers (glasses, scars, marks, tattoos, piercings, etc.): \_\_\_\_\_

Vehicle: Plate#: \_\_\_\_\_ Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_ Body: \_\_\_\_\_

Medical Conditions of Patient: \_\_\_\_\_

Method of Communication: Verbal?  Non-Verbal?  Notes: \_\_\_\_\_

Does Person have:

Alzheimer's:  Related Dementia:  Autism:  Cognitive Disability:  Other: \_\_\_\_\_

Level of Support Needed: \_\_\_\_\_

Characteristics:

Sensory Issues: Yes:  No:  Details: \_\_\_\_\_

Touch: Yes:  No:  Details: \_\_\_\_\_

Sounds: Yes:  No:  Details: \_\_\_\_\_

Bright Lights: Yes:  No:  Details: \_\_\_\_\_

Processing Delays: Yes:  No:  Details: \_\_\_\_\_

Eye Contact: Good  Fair  Details: \_\_\_\_\_

Stimming Behavior: Describe: \_\_\_\_\_

Fears: \_\_\_\_\_ Describe: \_\_\_\_\_

Dislikes/Triggers: \_\_\_\_\_ Describe: \_\_\_\_\_

Favorite Objects/Topics/Food: \_\_\_\_\_

Pre-Critical Episode Signs: \_\_\_\_\_

Critical Episode Behavior: \_\_\_\_\_

Calming Strategies For Episodes: \_\_\_\_\_

Violence or Prior Contact with Police: \_\_\_\_\_

Alcohol / Drug Issues: Yes:  No:

Weapons In The Home: Yes:  (if answered Yes, please see below) No:

Are Weapons Properly Secured: Yes:  No:  Details: \_\_\_\_\_

Wandering:

Prior Wandering Incident: Yes:  No:  Details: \_\_\_\_\_

Where Has This Person Been Located Previously? \_\_\_\_\_

What Is the Closest Water Area to Residence? \_\_\_\_\_

Please List All Lakes, Ponds, Streams, Ditches and Drainage Areas Nearby: \_\_\_\_\_

# Loved Ones Safe and Together (L.O.S.T.) Program

Please List Favorite Hiding Area At Home: \_\_\_\_\_

Please List Any Favorite Places In The Neighborhood/Community: \_\_\_\_\_

Please List Any Place of Employment The Person May Go To: \_\_\_\_\_

Will This Person Respond to Their Name Being Called? Yes:  No:  Sometimes:

Please List Any Symptoms or Behaviors An Officer May Expect To See From This Person And Anything Else You Want Officers To Know:

Is The Person Enrolled In Medical Alert And Safe Return? Yes:  No:  Identification Number: \_\_\_\_\_

What Type of Medical Alert Jewelry Will the Person Be Wearing? ID Necklace:  ID Bracelet:

Would you like to have a Police Officer visit with you in person about this program? Yes:  No:

*(Please provide a photograph of the person, if one is not available a Deputy sheriff or Police Officer will take one for you. All photographs become property of the Benton County Law Enforcement Agencies)*

Would you like to have a Police Officer photograph the Person for their file? Yes:  No:

### Caretaker Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

Relationship to Person: \_\_\_\_\_

### Secondary Caretaker Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

Relationship to Person: \_\_\_\_\_

*(Additional names can be added on separate sheet)*

In the event of a missing person's report the Benton County Law Enforcement Agencies are authorized and will release the victim's name, age, basic physical descriptors, last known location, last known clothing, and image.

Name of Person Requesting Application: \_\_\_\_\_  *(check if digitally signed)*

Signature of Requesting Application: \_\_\_\_\_ Date: \_\_\_\_\_

*(All forms must be signed.)*

Benton County Sheriff  
113 E 3<sup>rd</sup> St Vinton, IA 52349  
(319)472-2337

Vinton Police Department  
310 A Ave Vinton, IA 52345  
(319)472-2321

Belle Plaine Police Department  
1207 8 Ave Belle Plaine, IA 52208  
(319)444-2323

Urbana Police Department  
906 W Main St Urbana, IA 52345  
(319)443-2780