



Burlleson Police Department  
**Guardian Program**



**Notice:** The Guardian Program is designed to assist law enforcement quickly locate missing persons that are endangered due to a diagnosed medical condition that hinders cognitive ability and/or the ability to communicate. This includes, but is not limited to, individuals diagnosed with Alzheimer's and Autism.

Individuals who do not suffer from a medical condition that impairs the ability to think and communicate do not qualify for the program. Please contact the Burlleson Police Department with any questions regarding this program or its criteria for qualification.

**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		
[ ]		[ ]		[ ]		
Nickname or Alias		Date of Birth		License/ID Number		
[ ]		[ ]		[ ]		
Social Security Number		Home Phone		Cell Phone		
[ ]		[ ]		[ ]		
Address (must be a Burlleson resident)				Race	Skin Tone	
[ ]				[ ]	[ ]	
Gender	Height	Weight	Hair	Eyes	Facial Hair	Glasses
[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	<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
[ ]	[ ]	[ ]
[ ]	[ ]	[ ]
[ ]	[ ]	[ ]

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

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

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

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

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

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

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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 type="text"/>
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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 type="text"/>
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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 Burleson, the Burleson 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 Burleson, the Burleson Police Department or its representatives liable for any misuse of personal information.**

\_\_\_\_\_  
Signature

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

\_\_\_\_\_  
Date

\*\*\*\*\*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?	<input type="checkbox"/>	Emergency contact name record created?	<input type="checkbox"/>

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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Packed scanned into applicant name record?	<input type="checkbox"/>	Name record entries/scans/etc verified by?	<input type="checkbox"/>
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