Friendswood Police Department
Shepherd Program

Notice: The Shepherd 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 Autism and Alzheimer's.

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 Friendswood 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 required by law in order to issue alert.

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 Friendswood resident)		Race		Skin Tone

Gender	Height	Weight	Hair	Eyes	Facial Hair	Glasses ☐Yes ☐No

List/Describe any scars, marks, tattoos, amputations, prosthetics, deformations in the space provided.		
Physical Characteristic	Location	Description
Physical Characteristic	Location	Description
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

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

ID/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.

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)	
Prescribed Medications	
Drug/Other Allergies	

Vehicle Information – Please provide information for any vehicle the applicant has access to, regardless of current driving status

Year	Color	Make	Model	License Plate
Distinguishing marks, stickers, body damage:				

Year	Color	Make	Model	License Plate
Distinguishing marks, stickers, body damage:				

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

Last Name	First Name		Cell Phone
Home Phone	Address		
City	State	Zip Code	Alternate Contact Number

Last name	First Name		Cell Phone
Home Phone	Address		
City	State	Zip Code	Alternate Contact Number

Last Name	First Name		Cell Pone
Home Phone	Address		
City	State	Zip Code	Alternate Contact Number

Signature

I give the City of Friendswood, the Friendswood 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 Friendswood, the Friendswood Police Department or its representatives liable for any misuse of personal information.

	Signature
	Print Name
	Date

Received By	Date Received	Time Received

	Initial		Initial
Applicant name record created?		Emergency contact name record created?	
Alert added to applicant name record?		Address verified in GIS?	
Premise alert added to applicant address?		Emailed beat officer?	
Packet scanned into applicant name record?		Name record entries/scans/etc. verified by?	