



We are the community resource responsible for connecting, coordinating and funding vital services for individuals with developmental disabilities.

We help with everything from early intervention and education opportunities for children to employment and community inclusive living for adults.

Medina Police Department

At-Risk Resident Registry

Sgt Sara Lynn

Who is this for??

Any resident of the City of Medina or
Lafayette Township

AT-RISK RESIDENT REGISTRATION

Subject Information:

Full Name: _____ Date of Birth: _____
Nicknames: _____ State ID Number: _____
Address: _____
Height: _____ Weight: _____ Race: _____
Sex: _____ Hair Color: _____ Eye Color: _____
Scars/Marks/Tattoos: _____
Obvious Physical Characteristics (glasses, cane, limp, common clothing worn, etc): _____

Medical Diagnosis if relevant: _____

Caregiver/Responsible Party Information:

Name: _____ Relationship: _____
Address: _____
Phone Numbers: _____ Driver's license number: _____

Name: _____ Relationship: _____
Address: _____
Phone Numbers: _____ Driver's license number: _____

Specific Special Needs Information:

Communication:

- Is the individual verbal or non-verbal? _____
- If non-verbal, preferred method of Communication: _____
- Any other information about the individual that may help police to find, interact, and serve the individual? _____

Residents at Risk of Wandering:

- Is there a special interest (outside of their residence) that your loved one is drawn to? (For example: trains, water, woods, parks, malls, traffic, etc.): _____

- Previous addresses where he or she may try locate: _____
- Has the individual previously wandered? If so, where was he or she found? _____

- Is the individual prone to seizures? _____

- If there is any additional information you would like to provide to allow us to best serve this individual, please feel free to attach an additional sheet. If you submit this form via email, you may add content in the body of the email message.

I acknowledge that I have voluntarily provided this information for entry into the At-Risk Resident Registry with the understanding it will remain confidential at all times and be released only to police, fire, or medical personnel assisting in the identification, safety, and return of this person if found or reported missing, or otherwise determined to be at-risk by emergency response personnel. I further acknowledge that I have the legal authority to enter the registrant named on this form into the At-Risk Resident Registry.

Printed Name: _____ Relationship: _____
Date: _____

- Please provide a quality photo of the individual



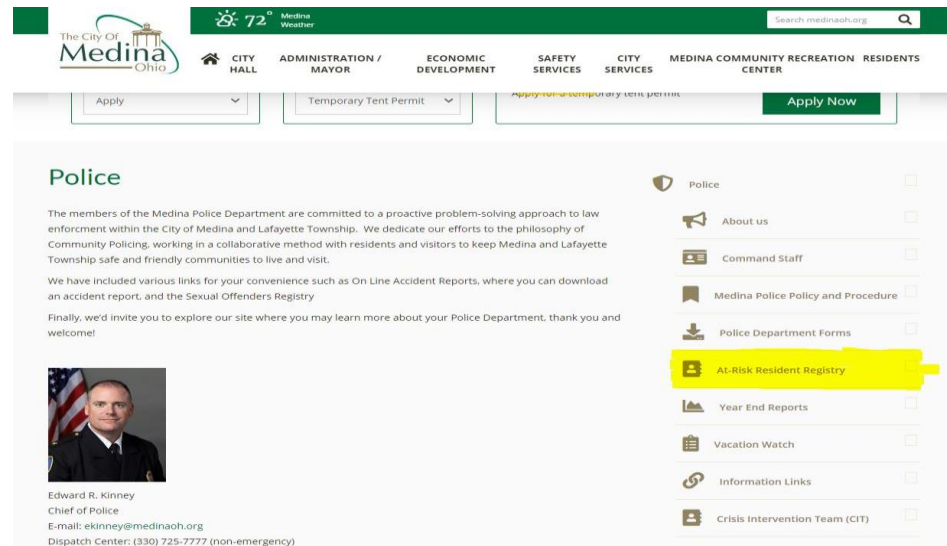
Click here if you wish
to submit this form
via email

How to obtain the form

- Downloaded from the city website
- Picked up in person from the Police Department (150 W Friendship St)
- Received via email by any employee of the police department
- From a friend

www.medinaoh.org

- <https://medinaoh.org/safety-services/police/at-risk-resident-registry>
- Navigate from www.medinaoh.org to “Safety Services”, then “Police”, then the link will be on the right hand side of the page.



How to submit a completed form

- Drop it off in-person to the police department
- Email a scanned copy of the completed form to the records department. Their email address is recordsrequest@medinaoh.org
- You may also call and a police officer can respond to your home to pick up the form.

Sgt Sara Lynn
Medina Police Department
150 W Friendship St
Medina, OH 44256
330-725-7777
slynn@medinaoh.org



UPCOMING Opportunities

Consumer Scams for Individuals for Disabilities Wednesday March 31st at 6:00 PM

Restrictive Measures Training- Wednesday April 14th at 2:00 PM

THANK YOU



www.mcbdd.org

330-725-7751

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