

New Lenox Police Department

200 Veterans Parkway • New Lenox • Illinois • 60451

MICAH NUESSE
CHIEF OF POLICE

815-462-6100
NEWLENOX.NET

REACH Program

Resident Engagement and Community Health

Application

Please complete the information below to the best of your ability. Please submit the completed application with an up-to-date photo to New Lenox Police Department Social Worker, Ariel Ruttenberg, in-person or via email at aruttenberg@newlenox.net. Questions may be directed to Ariel at 815-462-6125.

Primary Information

Participant's Information

First Name:

Last Name:

MI:

Date of Birth:

Sex:

Race:

Home Address:

Home Phone:

Cell Phone:

Email:

Does the participant live independently? Yes No

If yes, how can first responders enter the residence in an emergency:

Physical Description

Height:

Weight:

Hair Color:

Eye Color:

Distinguishing Marks (Tattoos, scars, etc.):

ID Bracelet or Alert Band: Yes No

Employment/Educational Facility:

Name of Facility:

Address:

Contact Person:

Contact Phone:

Additional Information

Vehicles Associated with Participant

Year:

Year:

Make:

Make:

Model:

Model:

Color:

Color:

License Plate:

License Plate:

State:

State:

Firearms:

FOID: Yes No

CCL: Yes No

Access to firearms: Yes No

Does the participant wander? Yes No

Has the participant wandered to the point of being lost? Yes No

If yes, where was the participant located:

Primary method of transportation:

List any sensory issues the participant may experience (e.g., trouble with lights/sirens):

Favorite attraction/spot/place to go where participant may be found:

Usual daily habits:

Triggers or actions by others to avoid, if possible, that could upset/disturb participant:

Signs that participate may be struggling emotionally:

Strategies and/or needs for positive interaction with first responders:

Any other information you feel we should know:

Emergency Contact Information

Contact 1

Name:

Relationship:

Home Address:

Home Phone:

Cell Phone:

Work Phone:

Email:

Contact 2

Name:

Relationship:

Home Address:

Home Phone:

Cell Phone:

Work Phone:

Email:

Contact 3

Name:

Relationship:

Home Address:

Home Phone:

Cell Phone:

Work Phone:

Email:

I, the undersigned, hereby acknowledge and affirm that I understand the information given above is intended to offer guidance and provide assistance to first responders in assisting those people with special needs or disabilities, including myself/the above-named person, in the performance of their duties. I understand that providing this information to the New Lenox Police Department will not entitle me/them to or result in any form of preferential treatment. In providing this information, I represent and warrant that I have the authority to provide this information to the New Lenox Police Department because either (i) I am the above-named person and am acting knowingly and voluntarily or (ii) I am a/the legal guardian, custody-holder, or conservator over, or am otherwise authorized by the above-named person. I understand that the New Lenox Police Department will keep this information on file as part of its REACH database, and that updated information and photographs will be requested on an annual basis. I understand that it is my obligation to ensure that all of the information in this form is updated or otherwise confirmed as accurate on an annual basis, and further that if I fail to update/confirm the information in a timely manner, the information will be removed from the REACH database. I understand that in submitting this information, it may be subject to disclosure through the day-to-day operations of the New Lenox Police Department and other associated police, fire, and emergency response agencies (including without limitation via two-way radio, phone, computer or any other means available), and further that it may be subject to disclose pursuant to any form of mandatory legal process, including without limitation the Illinois Freedom of Information Act (5 ILCS 140/1, et seq.). I further understand that I am responsible for notifying the New Lenox Police Department in writing of any changes to this information as soon as those changes are known, and further to request removal of the information from the database, in writing, should I or the above-named person ever choose to withdraw this disclosure. The undersigned hereby represents, warrants, and verifies that all of the information set out above is true, accurate, and complete to the best of my knowledge, and specifically that the above-named person has a physical or mental impairment, or has or is at increased risk for a chronic physical, developmental, behavioral, or emotional condition and who also requires health and related services of a type or amount beyond that required by individuals generally. In order to induce the New Lenox Police Department to include the information provided above in its REACH database, I hereby waive, release, and forfeit, for myself, for the above-named person, and for all heirs and assigns of each, any and all claims against the Village of New Lenox or any of its elected and appointed officials, officers, employees, and agents arising from the use, communication, and disclosure of any information included in the REACH database. I further agree to defend, indemnify, and hold harmless the Village of New Lenox, its elected and appointed officials, officers, employees, and agents from and against any and all claims, liabilities, damages, losses, costs, and expenses (including reasonable attorneys' fees and court costs) arising out of or relating to the use, communication, and disclosure of any information included in the REACH database. By signing, I certify I have read and understand this form in its entirety and hereby give permission to the New Lenox Police Department to enter this information into the New Lenox Police REACH Database and/or Premise Alert Program (PAP).

Print Name: _____

Relationship _____

Signed: _____

Date: _____

Internal use only:

NLPD: _____ Date: _____ By: _____ IPAP: _____ Date: _____ By: _____

Photo Received: Yes No