

# GRAND PRAIRIE POLICE DEPARTMENT

## COPE PROGRAM



### 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.

**Applicant 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	Primary Phone Number	Disability				
Address (Must be a Grand Prairie, TX Resident)		Race				
Gender	Height	Weight	Hair Color	Eye Color	Facial Hair	Glasses

List/Describe any scars, marks, tattoos, amputations, prosthetics, deformations in the spaces provided.

Physical Characteristic	Location	Description
Physical Characteristic	Location	Description
Physical Characteristic	Location	Description

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.).

Has your loved one ever run away or been reported as missing? If so, where was he/she found?

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

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

I.D./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.

Does the registered person fear Police or Fire-EMS personnel or emergency vehicles? If so, please explain/describe.

If your loved one becomes confrontational, how could Officers or rescue personnel calm them without your presence?

Does your loved one have any triggers (i.e. lights, sirens, loud radio noise?)

Please explain in detail any other important information that we may need to know that might assist us in not triggering a violent response from your loved one.

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

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

Year	Color	Make	Model	License Plate
<div></div>	<div></div>	<div></div>	<div></div>	<div></div>

Distinguishing marks, stickers, body damage:

**Applicant's Medical Information** - Provide the following medical information including the name of the condition causing mental impairment.

Primary Care Physician

Phone Number

After Hours Number

Primary Care 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

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

Last Name

First Name

Primary Phone

Address

Alternate Contact Number or Email

Last Name

First Name

Primary Phone

Address

Alternate Contact Number or Email

Last Name

First Name

Primary Phone

Address

Alternate Contact Number or Email

## SIGNATURE

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

Signature

Print Full Name

Date

Email Address

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### **Applicant Representative Information** - Please provide the following information.

Last Name

First Name

Primary Phone

Address

Relationship to Applicant

