



# PROJECT: GUARDIANS

A COMMUNITY PROGRAM DEVELOPED  
BY THE RILEY COUNTY POLICE DEPARTMENT



Please complete the form and return to:

Riley County Police Department

Attn: Tyler Siefkes

1001 S. Seth Child Road

Manhattan, KS 66502-3115

or Email: projectguardians@rileycountypolice.org

**PROJECT: GUARDIANS** is a program developed by RCPD for the purpose of better assisting those in the community with cognitive disorders, Autism and Alzheimer's Disease. This program is designed to assist law enforcement with community members who have wandered away from home or need assistance from law enforcement.

## Participant Information

Last Name \_\_\_\_\_

Nickname(s) \_\_\_\_\_

Address (No PO boxes) \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Phone Number ( ) \_\_\_\_\_

Social Security No. (Optional field) \_\_\_\_\_

DL Number \_\_\_\_\_

DL State \_\_\_\_\_

Date of Birth \_\_\_\_\_

Race/Ethnicity \_\_\_\_\_

Height \_\_\_\_\_

Weight \_\_\_\_\_

Male

Female

Eye Color \_\_\_\_\_

Hair Color \_\_\_\_\_

Glasses

Tattoo

Scar

Birthmark

## Parent/Guardian Information

(Describe the above special identifiers)

Last Name \_\_\_\_\_

First, Middle Name \_\_\_\_\_

Phone Number ( ) \_\_\_\_\_

Alternate Number ( ) \_\_\_\_\_

Special Instructions to First Responders \_\_\_\_\_

Participant Signature \_\_\_\_\_

(If over the age of 18)

Employee Signature \_\_\_\_\_

(Witness of participant or guardian signature)

Parent/Guardian Signature \_\_\_\_\_

(If applicable)

Employee Number \_\_\_\_\_

## Participant Medical Conditions

Individuals with Autism, Alzheimer's or a related cognitive disorder are currently eligible for the PROJECT: GUARDIANS program.

- Autism
- Alzheimer's
- Cognitive Disorder
- Other: \_\_\_\_\_

**A recent photo of the participant is required.** The photo must be 4x6 or larger. High resolution digital photos are also accepted. The participant's head must face straight to the camera and he/she should be the only individual in the photo.

## For Internal Use

This section of the form is to be completed by Riley County Police Department Communication Center personnel.

Entered By \_\_\_\_\_

Date \_\_\_\_\_

Internal Notes \_\_\_\_\_



# RILEY COUNTY POLICE DEPARTMENT

To reduce crime and improve the quality of life for the citizens we serve