

**CITY OF JOHNSTON POLICE DEPARTMENT
C.A.R.E. – RESIDENT OF CONCERN**

www.cityofjohnston.com



Police Department · 6221 Merle Hay Road · PO Box 410 · Johnston, IA 50131 · 515-278-2345

Please complete this form and e-mail to Lt. Lynn Aswegan at laswegan@police.ci.johnston.ia.us Once received, Lt. Aswegan will contact you to schedule an appointment to take a photo of the resident. If you have not heard from Lt. Aswegan within 5 days of completing this form, please contact him directly at 252-1363. If you do not have access to e-mail, the completed form may be mailed or delivered to the police department.

Last Name: _____ First Name: _____ Middle Name: _____

Address: _____ City: _____ Phone: _____

Birthdate: _____ Height: _____ Weight: _____ Eyes: _____ Hair: _____

Male Female Scars/Tattoos/Piercings: _____

Additional Identifiers (list moles, birthmarks, etc.): _____

Medical Condition(s) _____

Prescription Medication(s): _____

Physical Symptoms: _____

Recommended way to handle resident or things to avoid doing to them: _____

EMERGENCY CONTACT #1 (if none, put N/A)

Last Name: _____ First: _____ Relationship: _____

Address: _____ City: _____

Phone #1: _____ Phone #2: _____ Phone #3: _____

EMERGENCY CONTACT #2 (if none, put N/A)

Last Name: _____ First: _____ Relationship: _____

Address: _____ City: _____

Phone #1: _____ Phone #2: _____ Phone #3: _____

EMERGENCY CONTACT #3 (if none, put N/A)

Last Name: _____ First: _____ Relationship: _____

Address: _____ City: _____

Phone #1: _____ Phone #2: _____ Phone #3: _____