



CITY OF MATTAWA POLICE DEPARTMENT

■ 521 E. Government Road ■ Mattawa, Washington 99349 ■ 509-932-4112

Chief of Police Robert Salinas



About the Program

Does someone in your home have special needs? If so, you may be interested in the Mattawa Police Department (MPD) Project Guardian. This is a program developed to help keep your loved one with special needs, including autism, safe. The program is based on Project Guardian developed by the Newport News (VA) Police Department.

The program is a free, voluntary, and confidential database offered, managed, and maintained by MPD for **persons living within the City of Mattawa.**

Police often don't know whether or not individuals they encounter have special needs because there aren't any telltale physical signs. Flashing lights on an emergency vehicle, for example, might cause a person with special needs to become frightened and act out. Officers may not understand why some individuals with special needs will not make eye contact with them, keep their fists clenched, or flap their hands. What may seem like a simple interaction with police could be a very traumatic situation for a person with special needs and confusing to officers.

How It Works

When someone enrolls in the program, officers obtain their basic information, a current digital photograph, family emergency contact information, and other information that might help officers when encountering the individual. Once registered, you will be mailed a sticker and static cling to display in your home and vehicle window to alert officers of a potential person with special needs.

- **Registrant Information**



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- Registrant Name* _____

First Middle Last Suffix

- Date of Birth* _____

Month _____

Day _____

Year _____

- Address* _____

Street Address _____

City _____

State _____

ZIP Code _____

- Phone* _____

- Race* _____

- Sex* _____

- Height* _____

- Weight* _____

- Hair Color* _____

- Eye Color* _____

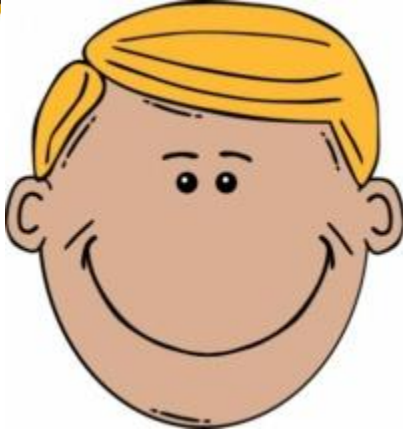
- Photo Upload* _____



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Upload a recent photo of the registrant. 4x6 passport photo.

- **Caregiver Information**

- Caregiver Name* _____

First Middle Last Suffix

- Relationship to Registrant* _____

- Date of Birth* _____

Month _____

Day _____

Year _____

- Address*

Street Address _____

City _____

State _____

ZIP Code _____

- Phone 1* _____

- E-Mail Address* _____

- Race* _____

- Sex* _____



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- Height* _____
- Weight* _____
- Hair Color* _____
- Eye Color* _____

- **Alternate Caregiver Information**

- Alternate Caregiver Name _____

First Middle Last Suffix _____

- Relationship to Registrant _____

- Date of Birth _____

Month _____

Day _____

Year _____

- Address _____

Street Address _____

City _____

State _____

ZIP Code _____

- Phone 1 _____

- E-Mail Address _____

- Race _____

- Sex _____

- Height _____



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- Weight _____
- Hair Color _____
- Eye Color _____

- **Registrant Details**

- Diagnosis* _____

- What are his/her favorite toys, objects, music, discussion topics, likes, dislikes?*

- How does he/she communicate? Is he/she verbal or non-verbal?*

- What types of behaviors should be expected? (Kicking, hitting, biting, spitting, self-harm, body rocking, hand flapping, self-talk)*

- What is the best way to approach him/her?*

- Does he/she have any trigger or sensitivities? (Lights, sirens, loud radio noise)*



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- If he/she becomes confrontational, how can officers calm him/her?*

- What works best to reduce stress or calm him/her?*

- Detail any information you think would be important for officers to know:*

- If he/she gets upset and runs away, where might they go?*

- Does he/she have any devices that could track their location, if lost?*

- I, the undersigned, for myself and the registrant named above do hereby authorize the Mattawa Police Department to release the aforementioned information in response to Emergency Calls (to include Missing Persons incidents) regarding the registrant and do further agree to indemnify and hold harmless the Mattawa Police Department and persons (placed) associated with it.*

Print name of Caregiver/Responsible Party

- Signature*

Signature of Caregiver/Responsible Party