

South Plainfield Police Department
Special Needs Registry Form
Chief James Parker

First Name _____ Middle Initial _____

Last Name _____ Nickname (if any) _____

Home Address _____

Home Phone _____ Cell Phone _____

Date of Birth _____ Gender _____ Height _____ Weight _____

Hair Color _____ Eye Color _____ Corrective Lenses _____

Scars/Piercings/Tattoos _____

What is the registrant's special need ? (i.e. Autism, Alzheimer's, Mental Illness etc.) _____

Method of Communication: (Verbal, Non-Verbal, Sign Language, Written, Speech Assistance Device) _____

What language(s) does the registrant speak or understand ? _____

Does the registrant utilize any tracking/health equipment ? (Project Lifesaver, Life Alert, Mobile App) _____

Life Threatening Medical Concerns? (Medicine, Allergies, Seizures etc.) _____

Areas that the registrant frequents (playgrounds, pools, stores, friend's residence etc.) _____

Does the registrant gravitate towards water? If so, can the registrant swim? _____

Any triggers which affect the registrant (i.e. loud noises, bright lights etc.) _____