

**South Plainfield Police Department
Special Needs Registry Form
Chief Peter Papa**

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.)

Any calming methods used for the registrant.

Does the registrant have a driver's license? (If so, list license number) Does the registrant own or frequently drive a vehicle? (If so, list make, model color and license plate)

Make _____ Model _____ License # _____

Color _____ License Plate _____

Does the registrant attend school, Yes _____ No _____

or are they employed Name of School/Employer _____

School/Employer address

School/Employer phone number

Emergency Contact Information First Name _____ Last Name _____

Relationship _____

Home Address _____ Town _____ State _____

Home Phone _____ Cell Phone _____

I acknowledge that by signing below that the information being provided is truthful, current, and valid and that I am authorized to submit it on my behalf or as the legal guardian with authority to submit it on behalf of another. I further understand that by enrolling myself or someone else in the South Plainfield Police Special Needs Registry that the personal information entered may be used by emergency personal, including, but not limited to, law enforcement officers, emergency medical services (first aid/paramedics), and fire department personnel in the event of a personal emergency or other emergency situation. It is further understood that completion of this form and participation in the South Plainfield Police Special Needs Registry is voluntary and cannot guarantee and is not intended to convey and warrant, either express or implied, as to outcomes, promises, or benefits from the use of this form and participation in this program. By signing below I acknowledge that I understand the disclaimer.

(Signature of the Person Filling out this Form) (Relationship to Registrant)

(Print Name)

(Date)

Please complete the application, scan and submit along with a photograph by attaching it to this form to e-mail: SNR@sppolice.com. Applications can also be mailed to or dropped off at South Plainfield Police Headquarters

Attn: Special Needs Registry, 2480 Plainfield Ave., South Plainfield, NJ 07080