

Long Hill Twp Police Special Needs Registry



The Long Hill Twp Police Department is making it easier to help our citizens who may be lost or have trouble communicating with officers.

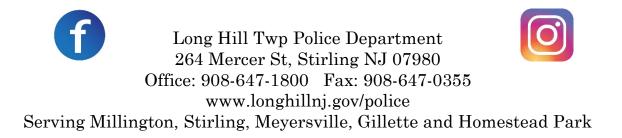
Our Special Needs Registry is designed for residents who may be challenged with developmental disabilities such as Autism, Dementia, Down Syndrome, or other special needs. The program was created to better assist your loved ones who might be at a higher risk for wandering from home and getting lost. By voluntarily registering, the police will have access to personal information should they encounter an individual who has difficulty speaking or identifying themselves.

Interested family members would be asked to complete a descriptive questionnaire regarding their family member, providing the registrant's height, weight, and other information useful to first-responders, such as emergency contacts, a recent photo of the individual and home address. The information would be kept on file at headquarters and would be accessible at times such as during an encounter where an individual can't tell officers where he/she lives, or would work in cases where a person is reported missing, so that their pedigree and photograph are immediately available to responding police officers.

The program is voluntary and all the information kept confidential within the Long Hill Twp Police Department.

To complete and file a registration form, or for more information please contact:

Ofc. Brian Engel (908) 647-1800 ext 517 <u>Bengel@longhillpolice.us</u>





LONG HILL TWP POLICE DEPARTMENT



SPECIAL NEEDS REGISTRY

The **Long Hill Twp Police Department Special Needs Registry** is a **voluntary** service open to all citizens with disabilities who reside, attend school, or are employed in Long Hill Twp. The registry was created to help police officers and other emergency personnel, better assist residents with special needs in the event of an emergency by providing those first responders with vital information regarding a registrant's disability, emergency contact information, physical description, and current photograph.

First NameLast Name			
Middle InitialNickname (if any)			
Home Address			
City, State and Zip			
Driver's License StateDriver's License Number			
Email Address			
Home Phone #Cell Phone #			
Person Filling Out This Form (If Different from Above)			
First NameLast Name			
Relationship to registrant			
Registered Vehicles			
Does the registrant own or operate a motor vehicle?			
Registration State License Plate #MakeModel Color			
Registration StateLicense Plate #MakeModelColor			
Does the registrant own or operate a bicycle?			
Registrant Identifiers			
Date of BirthGender Male Female RaceHeight (ft.)(Inches)			
Weight (in pounds) Build (required) Hair Color Eye Color			
Corrective Lenses: Contact Lenses Eye Glasses Prescription Sunglasses			
Scars/Piercings/Marks/Tattoos(location):			
Communication			
Method of Communication			
Augmentative/Speech Assistance Device Non-Verbal Verbal Sign Language Written			
What type of Augmentative/Speech Assistance Device does the registrantuse?			
What type of sign language does the registrant use?			
What language(s) does the registrant speak or understand?			

Registrant School / Employment Information				
Does the registrant attend school or are they employed? \Box / es	No			
Name of School / Employer:				
School / Employer Address:				
School / Employer City, State and Zip:				
School / Employer Phone #	Contact:			
(Additional School / Employer)				
Name of School / Employer:				
School / Employer Address:				
School / Employer City, State and Zip:				
School / Employer Phone #				
Special Needs				
What is the registrant's special need? (Select all that apply)				
Alzheimers / Dementia	Mental Illness			
Autism	Mobility Impairment: Wheelchair			
Diabetes / Hyperglycemic (Type)	Mobility Impairment: Other			
 Epilepsy Electricity Dependent 	Project Life Alert			
 Hard of Hearing / Deaf, or other Hearing Impairment 				
□ I/DD - Intellectual / Developmental Disability	Sight Impairment / Blind			
Life Alert	Speech Impairment			
□ Other				
Describe any of the registrant's life threatening medical concerns: (eg. for	ood or medicine allergies, se	eizures, etc.)		
Does the registrant use an Epi-pen? (If yes, please give location where	it is stored)	⊡∕es	No	
Any Triggers which affect the registrant? (i.e., Loud Noises, BrightLights)				
Any Calming Methods used for the registrant?				
Does the registrant frequent / gravitate to water, playgrounds, etc.? (If ye	es, give locations)	⊡∕es	DNo	
What products / equipment and with which vendor does the registrant ha	ave from Life Alert / Project	Life Saver? (eg. p	endant,	
wristband, mobile app, push HELP button, etc.)				
Does the registrant have a Social Worker / Case Worker assigned?	⊡∕es	ΠNο		
Name of Social Worker / Case Worker	Phone #			
Does the registrant have a service animal? Yes No				
If yes, give the type/description, name and what the service animal assists with				

Any other information that may be important?			
Emergency Contact Information			
First NameLast Name			
Address			
City, State and Zip			
Home Phone #Cell Phone #			
Relationship to the registrant			
Additional Emergency Contact Information			
First NameLast Name			
Address			
City, State and Zip			
Home Phone #Cell Phone #			
Relationship to the registrant			
REGISTRANT PICTURES - If you are mailing this form, please attach as many pictures of the registrant that you feel are necessary. If you are scanning and emailing, please email the picture(s) as an attachment. PHOTO(S) SUBMITTED			
Acknowledgement I acknowledge that by checking the box below that the information being provided is truthful, current and valid and that I am authorized to submit it on my own 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 Long Hill Twp Police Department Special Needs Registry that the personal information entered may be used by emergency personnel, including, but not limited to, law enforcement officers, emergency medical services, and fire department personnel in the event of a personal emergency or other emergency situation. I also acknowledge that it will be my responsibility to keep the information on the registry up-to-date.			
It is further understood that completion of this form and participation in the Long Hill Twp Police Department 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. Use of the Long Hill Twp Police Department Special Needs Registry constitutes acknowledgment and acceptance of these limitations and disclaimers.			
I understand the above disclaimer (required) Yes			
(Signature of the person filling out this form) (Date)			
Please complete all pages of this application, scan and email along with your pictures to: Bengel@longhillpolice.us			
If you prefer to mail the application along with the pictures, send to: Long Hill Twp Police Department Special Attention: Ofc. Brian Engel 264 Mercer Street Stirling, NJ 07980			