



# BERKELEY TOWNSHIP POLICE DEPARTMENT

## Special Needs Registry Form



Chief of Police Karin T. DiMichele

Please complete the application, scan and email along with a photograph to [Specialneedsregistry@btpdnj.org](mailto:Specialneedsregistry@btpdnj.org)

Applications can also be mailed to or dropped off at Berkeley Township Police Headquarters

Attn: Special Needs Registry, P.O. Box "B", Bayville, NJ 08721

**Registrant Pictures-** If you are mailing this form, please attach two pictures of the registrant including a full body and face only picture. If you are scanning and emailing, please email the pictures as an attachment.

### APPLICANT INFORMATION:

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_

Nickname (If Any) \_\_\_\_\_

E-mail Address \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Cell Phone Carrier \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender M / F Height \_\_\_\_\_ Weight \_\_\_\_\_ Hair Color \_\_\_\_\_

Eye Color \_\_\_\_\_ Corrective Lenses Y / N Scars/Piercings/Tattoos \_\_\_\_\_ Blood Type \_\_\_\_\_

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, Different language?)

Does the registrant utilize any tracking/health equipment? (Project Lifesaver, Life Alert, Mobile App, Angel Sense) \_\_\_\_\_

ID# \_\_\_\_\_ Monitoring Co. Phone Number \_\_\_\_\_

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?

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

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Any calming methods used for the registrant?

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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) \_\_\_\_\_

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Does the registrant attend school or are they employed Y/N

Name of School/Employer \_\_\_\_\_

School/Employer address \_\_\_\_\_

School/Employer phone number \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION:**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Cell Phone Carrier \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Cell Phone Carrier \_\_\_\_\_

**Acknowledgment**

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 Berkeley Township Police 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 (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 Berkeley Township 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 also acknowledge that I understand the disclaimer.

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(Signature of the Person Filling out this Form)

(Relationship to Registrant)

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(Print Name)

(Date)