

SOUTH BRUNSWICK TOWNSHIP POLICE DEPARTMENT

Special Needs Registry Form

Raymond J. Hayducka, Chief
James E. Ryan, Deputy Chief

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)

Does the registrant attend school 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 _____

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 Brunswick 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 Brunswick 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.

(Signature of the Person Filling out this Form)

(Relationship to Registrant)

(Print Name)

(Date)

Please complete the application, scan and email along with a photograph to Specialneedsreg@sbtnj.net

Be sure to include SNR or Special Needs Registry in the Subject field when emailing.

Applications can also be mailed to or dropped off at South Brunswick Police Headquarters

Attn: Special Needs Registry, 540 Ridge Road, Monmouth Junction, NJ 08852