



**GLOUCESTER COUNTY
POLICE CHIEFS ASSOCIATION
SPECIAL NEEDS REGISTRY FORM**



CONFIDENTIAL NOTICE AND RELEASE

All information provided for this registry is strictly confidential and is only available to Law Enforcement Personnel and the Gloucester County Communications Center to query when a person with Special Needs interacts with officers or during times of emergency.

**PLEASE TYPE OR PRINT LEGIBLY
REGISTERED PERSON'S INFORMATION**

Last Name	First Name	Middle Name	
Address	City	State	Zip
Sex Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/> Adult or Juvenile Juvenile <input type="checkbox"/> Adult <input type="checkbox"/>	Date of Birth		
Home Telephone Number	Place of Birth	Social Security Number	
Cell Phone Number	Carrier	Reason for registration: Autism <input type="checkbox"/> Alzheimer's <input type="checkbox"/> Dementia <input type="checkbox"/> Other <input type="checkbox"/>	

CAREGIVER OR EMERGENCY CONTACT

Last Name	First Name	Middle Name	
Address	City	State	Zip
Home Phone	Cell Phone	Relationship to Registered Person	

PHYSICAL DESCRIPTION OF REGISTERED PERSON

Height	Weight	Age	Build	Race	Eye Color
Hair		Facial Hair		Glasses	
Distinguishing Marks (scars/moles/tattoos/piercings)					
Overall Appearance / Commonly Worn Items (clothing, glasses, hat, etc.)					Photo Available? Yes <input type="checkbox"/> No <input type="checkbox"/>

PHOTOGRAPH

Please complete this form and then proceed to add the picture after clicking on the "Next" button

MEDICAL INFORMATION

Physician's Name and Address

Physician's Phone Number List any Medications that may place the Registered Person in danger if a dose is missed

VEHICLE INFORMATION

Make	Model	Color	Registration	State
Does Registered Person have Driver's License? Yes <input type="checkbox"/> No <input type="checkbox"/>		Driver's License number (if yes):		

ADDITIONAL INFORMATION FOR REGISTERED PERSON WITH AUTISM

Tracking Device Worn/Carried Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes, how are tracking measures indicated?	
Attracted to water? Yes <input type="checkbox"/> No <input type="checkbox"/>	If Specific Body of Water, Which one?	Can swim? Yes <input type="checkbox"/> No <input type="checkbox"/>
Attracted to highways? Yes <input type="checkbox"/> No <input type="checkbox"/>	If Specific Highway, Which one?	
Attracted to the following:	Trains <input type="checkbox"/> Heavy Equipment <input type="checkbox"/> Airplanes <input type="checkbox"/> Firetrucks <input type="checkbox"/> Other vehicles <input type="checkbox"/>	
Wandered before? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, where found	
Siblings with Special Needs? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, siblings wandered before? Yes <input type="checkbox"/> No <input type="checkbox"/>	Where found
Favorite Places/Locations		
Verbal <input type="checkbox"/> Nonverbal <input type="checkbox"/>	Reaction when name called	
Responds to voice of: Mother <input type="checkbox"/> Father <input type="checkbox"/> Other <input type="checkbox"/>	Knows Parents' Names <input type="checkbox"/> Home address <input type="checkbox"/> Phone number <input type="checkbox"/>	
Favorite Song		Favorite Toy
Dislikes		Fears
Behavioral Triggers		
Reaction to Sirens <input type="checkbox"/> Aircraft <input type="checkbox"/> Canines/Search Dogs <input type="checkbox"/> People in Uniform/Searchers <input type="checkbox"/> Pain/Injury <input type="checkbox"/> Touches <input type="checkbox"/>		
Wears Medical Identification Tag Yes <input type="checkbox"/> No <input type="checkbox"/>	Sensory, Medical, Dietary Issues/Requirements	
Methods used to calm once upset		
Special Needs / Conditions		

ADDITIONAL INFORMATION

List any additional information not included previously

I hereby authorize use of this information by the County of Gloucester and all authorized users of the Special Needs Registry. I also understand the above information will only be shared for the purpose of this program. By signing this form, I acknowledge I have the legal authority to register this individual and agree to update the County of Gloucester of any changes to the information submitted on this form. I further understand that all information will not be readily available in this registry for approximately 30 days from the date this form is received. Approximately one year from the date this form is received, the County of Gloucester will contact me at the address and/or phone number supplied below to verify all information on this form remained accurate. If the County of Gloucester is unable to contact me regarding the status of the Registered Person, I understand that this person will be removed from the registry within approximately 30 days.

Name _____ Relationship to Registered Person _____

Address _____

Home Phone _____ Email _____

Date _____