



**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 number (if yes):

State

License? Yes ☐ No ☐

## 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	Favorite Character	
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 \_\_\_\_\_