DENVILLE TOWNSHIP POLICE DEPARTMENT
SPECIAL NEEDS REGISTRY APPLICATION

The Denville Township Police Department Special Needs Registry is a voluntary service open to all citizens with disabilities who reside, attend school, or are employed within Denville Township. The registry was created to help police officers and other emergency personnel better assist individuals 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.

Registrant Information

First Name: ______________________ Last Name: ______________________

Middle Initial: ________ Nickname (if any): ______________________

Street Address: ______________________

City: ______________________ State: __________ Zip Code: __________

Driver's License Number (if applicable): ______________________ Driver's License State: ______

Home Phone #: ______________________ Cell Phone #: ______________________

Email Address: ______________________

Person Completing This Form (if different from above)

First Name: ______________________ Last Name: ______________________

Relationship to Registrant: ______________________

Vehicle Information (if applicable)

Does the registrant own or operate a motor vehicle? ☐ Yes ☐ No

License Plate #: ________ State: ____ Make: ________ Model: ________ Color: ________

License Plate #: ________ State: ____ Make: ________ Model: ________ Color: ________

Does the registrant own or operate a bicycle? ☐ Yes ☐ No

Make: ________ Model: ________ Speeds: ________ Color: ________

Registrant Physical Identifiers

Date of Birth: ________ Gender: ☐ M ☐ F ☐ Non-Binary Race: ________ Height (ft): ____ (inches): ____

Weight (in pounds): ________ Build (required): ________ Hair Color: ________ Eye Color: ________

Corrective Lenses: ☐ Contact Lenses ☐ Eye Glasses ☐ Prescription Sunglasses

Scars/Piercings/Marks/Tattoos (location): ______________________

____

Registrant Communication

Method of Communication:

☐ Augmentative/Speech Assistance Device ☐ Non-Verbal ☐ Verbal ☐ Sign Language ☐ Written

What type of Augmentative/Speech Assistance Device does the registrant use? ______________________

____

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? ☐ Yes ☐ No

Name of School / Employer: ______

School / Employer Street Address: ______

City: ______ State: ______ Zip Code: ______

School / Employer Phone #: ______ Contact Name: ______

(Additional School / Employer)

Name of School / Employer: ______

School / Employer Street Address: ______

City: ______ State: ______ Zip Code: ______

School / Employer Phone #: ______ Contact Name: ______

Registrant Special Need(s)

Please indicate the registrants special need (select all that apply):

☐ Alzheimer's / Dementia
☐ Autism
☐ Diabetes / Hyperglycemic (Type: _____)
☐ Dialysis
☐ Epilepsy
☐ Electricity Dependent
☐ Hard of Hearing / Deaf / Other Hearing Impairment
☐ I/DD – Intellectual / Developmental Disability
☐ Life Alert
☐ Mental Illness
☐ Mobility Impairment / Wheelchair
☐ Mobility Impairment / Other: ______
☐ Oxygen Dependent
☐ Project Life Saver
☐ PTSD (Post-Traumatic Stress Disorder)
☐ Service Animal
☐ Speech Impairment
☐ Vision Impairment / Blind
☒ Other: ______

Describe any of the registrant's life threatening medical concerns (e.g. food or medicine allergies, seizures, etc.): ______

______

______

Does the registrant use an Epi-pen? ☐ Yes ☐ No

If yes, where is it stored? ______

Any Triggers which affect the registrant (e.g. loud noises, bright lights, etc.): ☐ Yes ☐ No

If yes, please explain: ______

Any calming techniques / methods used for the registrant? ☐ Yes ☐ No

If yes, please explain: ______

Does the registrant frequent / gravitate to water, playgrounds, etc.? ☐ Yes ☐ No

If yes, provide location(s): ______

What products / equipment (e.g. pendent, wristband, mobile app, etc.) and with which vendor does the registrant have a Life Alert or a Project Life Saver device: ______

Does the registrant have a service animal? ☐ Yes ☐ No

If yes, provide type/description, name, and what the service animal assists with: ______

______

Does the registrant have a Social Worker / Case Worker assigned? ☐ Yes ☐ No

If yes, Social / Case Worker Name: ____________________ Phone #: ____________________

Any other information that may be important? ____________________

____

____

____

Primary Emergency Contact Information

First Name: ____________________ Last Name: ____________________

Street Address: ____________________

City: ____________________ State: __________ Zip Code: __________

Home Phone #: ____________________ Cell Phone #: ____________________

Relationship to registrant: ____________________

Is this person the legal guardian of the registrant? ☐ Yes ☐ No

Secondary Emergency Contact Information

First Name: ____________________ Last Name: ____________________

Street Address: ____________________

City: ____________________ State: __________ Zip Code: __________

Home Phone #: ____________________ Cell Phone #: ____________________

Relationship to registrant: ____________________

REGISTRANT PHOTOGRAPHS: Please provide as many photographs of the registrant that you feel are necessary to properly identify the registrant. Photographs may be included with this application if it is being mailed or dropped off at police headquarters. If you are returning this application via e-mail, please include any photographs as attachments. ☐ **PHOTOGRAPHS SUBMITTED**

ACKNOWLEDGEMENT

I acknowledge 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 the registrant. I further understand that by enrolling myself or the registrant in the Denville Township Police Department's Special Needs Registry that the personal information provided in this application may be used by emergency personnel in the event of a personal emergency or other emergency situation involving the registrant. I also acknowledge that it will be my responsibility to keep the provided information up-to-date.

It is further understood that completion of this application and participation in the Denville Township Police Department's Special Needs Registry is voluntary and cannot guarantee and is not intended to convey or warrant, either expressly or implied, any outcomes, promises, or benefits from participation in this program. Completion and submission of this application constitutes my acknowledgement and acceptance of these limitations and disclaimers.

I have read and understand the above disclaimer (required): ☐ Yes ☐ No

____________________ (Signature of Person Completing the Application)

____________________ (Date)

____________________ (Print Name)

Please return this completed application to (please remember to include photographs):

By mail or in person:

Denville Township Police Department
Attn: Community Services/Special Needs Registry
1 St. Mary's Place, Denville, NJ 07834

By e-mail:

desk@denvillepolice.org
Subject Line: Special Needs Registry