

TOWN OF DOVER POLICE DEPARTMENT SPECIAL NEEDS REGISTRY APPLICATION

Chief of Police Jonathan Delaney

The Town of Dover Police Department Special Needs Registry is a voluntary service open to all citizens with disabilities who reside, attend school, or are employed within The Town of Dover. This 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 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: _____

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? _____

Registrant Special Need(s)

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

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

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: _____

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

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:** Yes No

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 Town of Dover 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 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 Town of Dover 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:

Town of Dover Police Department
Attn: Community Services/Special Needs Registry
Subject Line: Special Needs Registry
37 North Sussex Street Dover, N.J. 07801

Or e-mail at

pier@doverpolicenj.org