



**Demarest Police Department**  
**118 Serpentine Road**  
**Demarest, New Jersey 07627**  
**201-768-1540**  
**Fax: 201-768-8755**



### ***Special Needs Registry***

*Registration Form*

Registration Date: \_\_\_\_\_

#### **Person being registered:**

Last Name:	First Name:	Middle Name:	Suffix:	
Preferred name to call the registrant:				
Home Address:	City:	State:	Zip:	
Race:	Gender:	Date of Birth:	Height:	Weight:
Hair color:	Eye color:	Hair length/style:		
Complexion:	Facial Hair:	Glasses:		
Marital Status (Circle One):   Married   Divorced   Single   Separated   Widowed				

#### **Diagnosis: (check all that apply)**

ADHD <input type="checkbox"/>	Alzheimer's/Dementia <input type="checkbox"/>	Autism/Asperger's <input type="checkbox"/>
Blind/Low Vision <input type="checkbox"/>	Brain Injury <input type="checkbox"/>	Cerebral Palsy <input type="checkbox"/>
Deaf/Low Hearing <input type="checkbox"/>	Diabetic <input type="checkbox"/>	Down Syndrome <input type="checkbox"/>
Epilepsy/Seizures <input type="checkbox"/>	Intellectual Disability <input type="checkbox"/>	Mental Illness <input type="checkbox"/>
Other Brain Illness <input type="checkbox"/>	Physical Disability <input type="checkbox"/>	Other Mental Disability <input type="checkbox"/>
Physical Disability <input type="checkbox"/>		

#### **Communication Factors: (check all that apply)**

Assisted communication <input type="checkbox"/>	Hearing difficulty <input type="checkbox"/>
Language other than English <input type="checkbox"/>	Non-communicative <input type="checkbox"/>
Non-verbal <input type="checkbox"/>	Picture communications system <input type="checkbox"/>
Sign language ASL <input type="checkbox"/>	
Speech difficulty <input type="checkbox"/>	
Verbal <input type="checkbox"/>	

Medication Endanger (circle one): Yes No

Spoken Languages in order of fluency: \_\_\_\_\_

Wander tendency: Yes No Commonly worn items: \_\_\_\_\_

Medical or psychological issues: \_\_\_\_\_

Approach suggestions: \_\_\_\_\_

Noted behaviors: \_\_\_\_\_

**Special Considerations: (check all that apply)**

Combative <input type="checkbox"/>	Combative if restrained <input type="checkbox"/>	Disrobes/prefers nudity <input type="checkbox"/>
Fears dogs <input type="checkbox"/>	Hugs <input type="checkbox"/>	Light sensitive <input type="checkbox"/>
Noise sensitive <input type="checkbox"/>	Paranoid <input type="checkbox"/>	Repeats phrases <input type="checkbox"/>
Run tendency <input type="checkbox"/>	Self-stimulation behavior <input type="checkbox"/>	Sensitive to stimulation <input type="checkbox"/>
Stranger unresponsive <input type="checkbox"/>	Touch sensitive <input type="checkbox"/>	Water attracted <input type="checkbox"/>

**Vehicle Information:**

Vehicle make: \_\_\_\_\_ Model: \_\_\_\_\_ Body style: \_\_\_\_\_

Vehicle years: \_\_\_\_\_ License plate number: \_\_\_\_\_ State: \_\_\_\_\_

Color: \_\_\_\_\_ VIN Number: \_\_\_\_\_

Remarks: \_\_\_\_\_

**Emergency Contacts:**

**Contact #1**

Full name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City / State / Zip: \_\_\_\_\_

Home phone: ( ) \_\_\_\_\_ Mobile phone: ( ) \_\_\_\_\_ Other: ( ) \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Alternate E-mail address: \_\_\_\_\_

**Contact #2**

Full name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City / State / Zip: \_\_\_\_\_

Home phone: ( ) \_\_\_\_\_ Mobile phone: ( ) \_\_\_\_\_ Other: ( ) \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Alternate E-mail address: \_\_\_\_\_

**Contact #3**

Full name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City / State / Zip: \_\_\_\_\_

Home phone: ( ) \_\_\_\_\_ Mobile phone: ( ) \_\_\_\_\_ Other: ( ) \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Alternate E-mail address: \_\_\_\_\_

**Photographs of Registrant:**

Photographs of the registrant may be submitted along with this form to this agency.

Primary photograph – approximate date of photograph: \_\_\_\_\_

Secondary photograph – approximate date of photograph: \_\_\_\_\_

Scars / marks / tattoos #1: Type / location: \_\_\_\_\_

**Other useful information:** \_\_\_\_\_

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There are no margins, text, or other markings on the paper.

**\*\*Please update information regarding registrant every 3 years or as needed.\*\***

**Signature Required:**

**I acknowledge that I have voluntarily provided this information for the entry into the Take Me Home registry with the understanding it will remain confidential at all times and be released only to police, fire, or medical personnel assisting in the identification, safety and return of this person if found or reported missing, or otherwise determined to be at-risk by emergency personnel.**

**Print Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_