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	Adult or Juvenile	Date of Birth
Male ☐ Female ☐ Other ☐	Juvenile ☐ Adult ☐	

Home Telephone Number	Place of Birth	Social Security Number

Cell Phone Number	Carrier	Reason for registration:
		Autism ☐ Alzheimer's ☐ Dementia ☐ Other ☐

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 ☐ No ☐

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 ☐ No ☐	Driver's License number (if yes):	State

ADDITIONAL INFORMATION FOR REGISTERED PERSON WITH AUTISM

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