



BERKELEY TOWNSHIP POLICE DEPARTMENT

Special Needs Registry Form



Chief of Police Karin T. DiMichele

Please complete the application, scan and email along with a photograph to Specialneedsregistry@btpdnj.org
Applications can also be mailed to or dropped off at Berkeley Township Police Headquarters
Attn: Special Needs Registry, P.O. Box "B", Bayville, NJ 08721

Registrant Pictures- If you are mailing this form, please attach two pictures of the registrant including **a full body and face only picture**. If you are scanning and emailing, please email the pictures as an attachment.

APPLICANT INFORMATION:

First Name _____ Middle Initial _____ Last Name _____

Nickname (If Any) _____

E-mail Address _____

Home Address _____

Home Phone _____ Cell Phone _____ Cell Phone Carrier _____

Date of Birth _____ Gender M / F Height _____ Weight _____ Hair Color _____

Eye Color _____ Corrective Lenses Y/N Scars/Piercings/Tattoos _____ Blood Type _____

What is the registrant's special need? (i.e. Autism, Alzheimer's, Mental Illness etc.)

Method of Communication: (Verbal, Non-Verbal, Sign Language, Written, Speech Assistance Device, Different language?)

Does the registrant utilize any tracking/health equipment? (Project Lifesaver, Life Alert, Mobile App, Angel Sense) _____

ID# _____ Monitoring Co. Phone Number _____

Life threatening medical concerns? (Medicine, Allergies, Seizures etc.)

Areas that the registrant frequents. (playgrounds, pools, stores, friend's residence etc.)

Does the registrant gravitate towards water? If so can the registrant swim?

Any triggers which affect the registrant? (i.e. loud noises, bright lights etc.)

Any calming methods used for the registrant?

Does the registrant have a driver's license? (If so list license number) _____

Does the registrant own or frequently drive a vehicle? (If so list make, model color and license plate)

Does the registrant attend school or are they employed Y/ N

Name of School/Employer _____

School/Employer address _____

School/Employer phone number _____

EMERGENCY CONTACT INFORMATION:

First Name _____ Last Name _____ Relationship _____

Home Address _____

Home Phone _____ Cell Phone _____ Cell Phone Carrier _____

First Name _____ Last Name _____ Relationship _____

Home Address _____

Home Phone _____ Cell Phone _____ Cell Phone Carrier _____

Acknowledgment

I acknowledge that by signing below that the information being provided is truthful, current, and valid and that I am authorized to submit it on my behalf or as the legal guardian with authority to submit it on behalf of another. I further understand that by enrolling myself or someone else in the Berkeley Township Police Special Needs Registry that the personal information entered may be used by emergency personal, including, but not limited to, law enforcement officers, emergency medical services (first aid/paramedics), and fire department personnel in the event of a personal emergency or other emergency situation.

It is further understood that completion of this form and participation in the Berkeley Township Police Special Needs Registry is voluntary and cannot guarantee and is not intended to convey and warrant, either express or implied, as to outcomes, promises, or benefits from the use of this form and participation in this program.

By signing below, I also acknowledge that I understand the disclaimer.

(Signature of the Person Filling out this Form)

(Relationship to Registrant)

(Print Name)

(Date)