



SPECIAL NEEDS REGISTRY FORM
PERSON SPECIFIC INFORMATION FOR FIRST RESPONDERS ONLY

Resident / Homeowner Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Special Needs Individual's Name: _____
(IF different than above)

Date of Birth: _____ Age: _____ Male: [] Female: []

Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____

Scars or Identifying Marks: _____

Relevant Medical Condition(s):

Acquired Brain Injury [] Alzheimer's Disease [] Autism [] Blind [] Cerebral Palsy []

Deaf [] Dementia [] Developmental Disability [] Diabetes [] Down Syndrome []

Mental Health Challenges [] Intellectual Disability [] Non-Verbal []

Physical Disability [] Prone to Seizures [] Other [] _____

Medications: _____

Allergies: _____

Does the individual live alone? Yes [] No [] If no, who does individual live with? _____

Is the individual ambulatory? Yes [] No [] If no, please explain _____

Is the individual likely to wander off? Yes [] No [] If so, where might they go? _____

Does the individual understand verbal commands? Yes [] No []

Does the individual have a tendency to be non-compliant or aggressive? Yes [] No []

Location of bedroom or likely place to find them in the residence: _____

Any other information you would like to include? _____

EMERGENCY CONTACT INFORMATION

Primary Contact Name: _____

Relationship to Individual: _____

Cell Phone: _____ **Home Phone:** _____ **Work Phone:** _____

Secondary Contact Name: _____

Relationship to Individual: _____

Cell Phone: _____ **Home Phone:** _____ **Work Phone:** _____

Additional Contact Name: _____

Relationship to Individual: _____

Cell Phone: _____ **Home Phone:** _____ **Work Phone:** _____

***Required Acknowledgement and Signature of Person Completing and Submitting this Form:**

By completing the Special Needs Registry form, I acknowledge that the information provided herein is accurate and was submitted **voluntarily** for the sole purpose of assisting the Police Department in more effectively responding to a potential emergency in or near my household.

Authorized Signature / Relationship to Individual

Printed Name / Date

<u>Official Use Only</u>
_____ Police Department Signature
_____ Date

Completed forms may be returned to UMPD in person or by one of the options below:

Mail: Upper Merion Police Department, 175 W. Valley Forge Road, King of Prussia, PA 19406 Attn: Police Records

Fax: 610-265-2711 Attn: Police Records **E-Mail:** records@umtownship.org

Any questions please contact Denise Kolbmann, RMS Administrator at 484-636-3878.