



MOUNTAIN LAKES POLICE DEPARTMENT SPECIAL NEEDS REGISTRY APPLICATION



The Mountain Lakes Police Department Special Needs Registry is a voluntary service open to all citizens with disabilities who reside, attend school, or are employed within the Borough of Mountain Lakes. The 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 the 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): _____

Address: _____ City: _____

City: _____ State: _____ Zip Code: _____

Driver's License Number (if applicable): _____ Driver's License State: _____

Home Phone Number: _____ Cell Phone Number: _____

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: Male Female Non-Binary Other: _____ Race: _____

Height (ft): _____ (Inches): _____ Weight (in pounds): _____ Build (required): _____ Hair Color: _____

Eye Color: _____ Corrective Lenses: Contact Lenses Eyeglasses 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? _____

Does the registrant attend school or are they employed? Yes No

Registrant School/ Employment Information

Name of School/ Employer: _____

School/ Employer Street Address: _____

City: _____ State: _____ Zip Code: _____

School/ Employer Phone Number: _____ Contact Name: _____

(Additional School/ Employer)

Name of School/ Employer: _____

School/ Employer Street Address: _____

City: _____ State: _____ Zip Code: _____

School/ Employer Phone Number: _____ Contact Name: _____

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, please explain: _____

What products/ equipment (e.g. pendent, wristband, mobile app, etc.) and with which vendor does the registrant have a Life Alert or a Project Lie Saver Device: _____

Does the registrant have a service animal? Yes No

If yes, provide type/ description, name and what the service animal assists with: _____

Does the registrant have a Social Worker/ Case Worker assigned? Yes No

If yes, Social/ Case Worker(s) Name: _____ Phone Number: _____

Any other information that may be important? _____

Primary Emergency Contact Information

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone Number: _____ Cell Phone Number: _____

Relationship to registrant: _____

Secondary Emergency Contact Information

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

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone Number: _____ Cell Phone Number: _____

Relationship to registrant: _____

Is this person the legal guardian of the registrant? 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 the authority to submit it on behalf of the registrant. I further understand that by enrolling myself or the registrant in the Mountain Lakes 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 the completion of this application and participation in the Mountain Lakes 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: _____ Date: _____

Print Name: _____

Registrant Photographs: Please provide as many photographs as possible 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 Mountain Lakes police headquarters. If you are returning this application via email, please include any photographs as attachments.

PHOTOGRAPHS SUBMITTED

Please return this completed application to Mountain Lakes Police Department

Please remember to include photographs

**By Mail: Mountain Lakes Police Department
400 Boulevard**

Mountain Lakes, NJ 07046

Attn: Community Services/Special Needs Registry

By email:

sbennett@mtnlakespd.org

Subject Line: Special Needs Registry

