



# Hillsdale Police Department

## Physical /Developmental Disability Registration Form

*A registry to assist persons at risk*

The Hillsdale Police Department (HPD) in conjunction with the Access for All Committee, has created a registry for individuals with any physical disability, cognitive disability or with a sensory impairment in an effort to give police quick access in an emergency to critical information about a person who is registered. The information you provide is **confidential and will only be used by law enforcement**. The registry can provide police and emergency responders, with emergency contact information, detailed physical descriptions, medical alerts, known routines, favorite attractions or special needs of an individuals. Information regarding persons with any physical disabilities, medical conditions and limited communication skills may include those with Autism, Dementia, Alzheimer's, Seizures, Cerebral Palsy, Down Syndrome or any other endangered individuals. This information can greatly assist police officers when time is essential in communicating and dealing with an emergency situation involving a person with a developmental disability.

The registration form asks for valuable information that police may need when helping individuals with any disability. We ask that all questions be filled out completely and a current photograph be provided. If you are unable to supply a photograph, we can take one for you.

If any information on the registration changes you are encouraged to inform us as soon as possible. This program is free to the community and another example of the partnership between the HPD, Access for All and its residents. Please contact Lt. Dan McLaughlin at 201-664-4200 ext. 1536 or email [accessforall@hillsdalepolice.com](mailto:accessforall@hillsdalepolice.com) with any questions. Completed forms may be returned to our police officers, e-mailed, or taken directly to the HPD.

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**POLICE ONLY SECTION:**

**DATE RECEIVED:** \_\_\_\_\_ **OFFICER:** \_\_\_\_\_

**SUPERVISOR APPROVED:** \_\_\_\_\_

**DATE ENTERED:** \_\_\_\_\_ **OFFICER:** \_\_\_\_\_

**SUPERVISOR APPROVED;:** \_\_\_\_\_

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**Please attach a recent photo to front of this form.**

**You can also schedule an appointment to have a photograph(s) taken at the Hillsdale Police Department. Please call 201-664-4200 ext. 1536 or email [accessforall@hillsdalepolice.com](mailto:accessforall@hillsdalepolice.com)**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Nickname (or any name that is most likely to get response)

\_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Race: \_\_\_\_\_ Sex: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Hair Color: \_\_\_\_\_ How Worn: \_\_\_\_\_

Eye color: \_\_\_\_\_ Complexion: \_\_\_\_\_

Facial Hair: \_\_\_\_\_ Scars or identifying marks: \_\_\_\_\_

School/ Employer: \_\_\_\_\_

Method of communication, if non-verbal: sign language, picture boards, written words, etc.: \_

Identification worn: e.g. Jewelry/Medic Alert, clothing tags, ID card, tracking monitor, etc:

Emergency Contact Information for Medical Alert, Clothing Tags, ID card, tracking monitor, etc:



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Inclination of wandering or characteristic that may attract: \_\_\_\_\_

\_\_\_\_\_

Favorite attractions and locations person may be found: \_\_\_\_\_

\_\_\_\_\_

Best methods of approach (include approach and de-escalation techniques): \_\_\_\_\_

\_\_\_\_\_

Life threatening medical concerns:

\_\_\_\_\_

Any other relevant information:

\_\_\_\_\_

\_\_\_\_\_

Information that will generate a positive response:

\_\_\_\_\_

Information or items that will be of comfort or will make the party more comfortable (toy, item, food, etc) \_\_\_\_\_

\_\_\_\_\_

Information such as what **NOT** to do should include: bright lights, noises, direct eye contact, etc.;

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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### Contact Information

#### Primary Emergency Contact:

NAME: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Alternate Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Gender: \_\_\_\_\_

Relationship: \_\_\_\_\_

Email: \_\_\_\_\_

#### Secondary Emergency Contact:

NAME: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Alternate Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Gender: \_\_\_\_\_

Relationship: \_\_\_\_\_

\_\_\_\_\_

