



Middlesex County Special Needs Registry

REGISTRATION FORM

The **Middlesex County Special Needs Registry** is a **voluntary** service open to any individuals with disabilities who reside, attend school, or are employed in Middlesex County. The registry was created to help police officers, and other emergency service personnel, better assist residents with special needs in the event of an emergency by providing those first responders with vital information regarding a registrant's disability, emergency contact information, physical description, and current photograph.

First Name **(Required)** _____ Middle Initial _____

Last Name **(Required)** _____ Nickname (If Any) _____

Home Address **(Required)** _____

City, State, and Zip **(Required)** _____

Town for Special Needs Registration Information **(Required)** _____

Driver's License Number _____ Driver's License (State) _____

Email Address _____

Home Phone Number _____ Cell Phone Number **(Required)** _____

Registered Vehicles

Does the registrant own or frequently drive a vehicle? Yes No

Vehicle Plate State _____ Vehicle Plate Number _____ Vehicle Plate State _____ Vehicle Plate Number _____

Person Filling Out the Form (If Different from Above)

First Name _____ Last Name _____

Relationship to registrant _____

Registrant Identifiers

Date of Birth **(Required)** _____ Gender **(Required)** Male Female Other

Height **(Required)** (ft) _____ (inches) _____ Weight (in pounds) **(Required)** _____

Race **(Required)** _____ Complexion **(Required)** _____

Build **(Required)** _____ Hair Color **(Required)** _____ Eye Color **(Required)** _____

Corrective Lenses: Contact Lenses Eye Glasses Prescription Sunglasses

Corrective Prescription Information: _____

Description of Eyeglasses: _____

Scars/Piercings/Marks/Tattoos (eg: Tattoo of heart on right forearm): _____

Communication

Method of Communication **(Required)**:

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? **(Required)** _____

Registrant School / Employment Information

Does the registrant attend school or are they employed? (Required)

Yes

No

Name of School/Employer _____

School/Employer Address _____

School/Employer City, State, and Zip _____

School/Employer Phone Number _____

Contact _____

(Additional School/Employer)

Name of School/Employer _____

School/Employer Address _____

School/Employer City, State, and Zip _____

School/Employer Phone Number _____

Contact _____

Please attach or list additional Schools/Employers to the additional information area

Special Needs

What is the registrant's special need? (Required) (You may select more than one)

Alzheimers/Dementia

Autism Spectrum Disorder

Diabetes/Hyperglycemic (Type _____)

Dialysis

Down Syndrome

Epilepsy

Electricity Dependent

Hard of Hearing/Deaf, or other Hearing Impairment

I/DD - Intellectual/Developmental Disability

Life Alert

Other _____

Mental Illness

Mobility Impairment: Crutches

Mobility Impairment: Wheelchair

Mobility Impairment: Other

Obese

Oxygen Dependent

Project Life Saver

PTSD (Post-Traumatic Stress Disorder)

Service Animal

Sight Impairment/Blind

Speech Impairment

Describe any of the registrant's life threatening medical concerns: (eg. food or medicine allergies, seizures, etc) _____

Does the registrant use an Epi-pen? (if yes, please give location where it is stored)

No

Yes

Any Triggers which affect the registrant? (i.e. Loud Noises, Bright Lights) _____

Any Calming Methods used for the registrant? _____

Does the registrant frequent/gravitate to water, playgrounds, etc.? (if yes, give locations)

No

Yes

What products/equipment and with which vendor does the registrant have from Life Alert/Angel Sense/File of Life? (eg. pendant, wristband, mobile app, push HELP Button, etc) _____

Does the registrant have a Social Work/Case Worker assigned?

No

Yes

Name of Social Worker/Case Worker _____

Social Worker/Case Worker Agency _____

Contact Phone Number _____

Social Worker/Case Worker email _____

Does the registrant have a service animal? No Yes

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

If the registrant has a wheelchair, what type? Manual Motorized

Any other information that may be important? _____

Medical Information

Blood Type: O+ O- A+ A- B+ B- AB+ AB-

Primary Medical Doctor Name/Group _____

Primary Medical Doctor Name/Group Phone Number _____

Medications	Dosage	Frequency
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please attach or list any additional medications in the additional information area

Emergency Contact Information

First Name (Required) _____ Last Name (Required) _____

Address _____

City _____ State _____ Zip _____

Home Phone Number _____ Cell Phone Number (Required) _____

Relationship to the registrant (Required) _____

Is this person the Legal Guardian of the registrant? Yes No

Additional Emergency Contact? Yes No - If No, skip to Registrant Pictures

First Name (Required) _____ Last Name (Required) _____

Address _____

City _____ State _____ Zip _____

Home Phone Number _____ Cell Phone Number (Required) _____

Relationship to the registrant (Required) _____

Is this person the Legal Guardian of the registrant? Yes No

Registrant Photos

Attach by paper clip as many photos of the registrant as you feel is necessary.

Photographs of the registered individual can be critical in assisting first responders in an emergency.

We recommend attaching multiple photographs to this application.

It is recommended that photographs and physical descriptions be updated annually, especially if the registrant is a child or teenager. Updates can be made by contacting your police department liaison for assistance.

If no photographs are available, would you like to make arrangements to have some taken? Yes No
