

Registration Form

**Edison Police Department
Special Needs Registry**



The Edison Special Needs Registry is a voluntary Service open to all citizens 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, 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) _____

Emergency Contact Information

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

Address _____

City _____ State _____ Zip _____

Home Phone Number _____ Cell Phone Number (Required) _____

Relationship to registrant (Required) _____

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

Additional Emergency Contact? Yes No - If No, skip to next section

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

Address _____

City _____ State _____ Zip _____

Home Phone Number _____ Cell Phone Number (Required) _____

Relationship to registrant (Required) _____

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

Registered Vehicles

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

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 (Required) (lbs) _____

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 Eye Glasses: _____

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

Communication

Method of Communication (Required)

Augmentative Speech/
Speech Assistance Device Non-Verbal Verbal Sign Language Written

What type of Augmentative/Speech Assistant 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 _____

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)

- | | |
|--|---|
| <input type="checkbox"/> Alzheimer's/Dementia | <input type="checkbox"/> Mobility Impairment Other |
| <input type="checkbox"/> Autism Spectrum Disorder | <input type="checkbox"/> Project Life Saver |
| <input type="checkbox"/> Diabetes/Hyperglycemia (Type ___) | <input type="checkbox"/> PTSD |
| <input type="checkbox"/> Dialysis | <input type="checkbox"/> Service Animal |
| <input type="checkbox"/> Down Syndrome | <input type="checkbox"/> Sight Impairment/Blind |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Speech Impairment |
| <input type="checkbox"/> Oxygen Dependent | <input type="checkbox"/> Electricity Dependent |
| <input type="checkbox"/> Project Life Saver | <input type="checkbox"/> Hard of hearing/Deaf |
| <input type="checkbox"/> PTSD | <input type="checkbox"/> I/DD- Intellectual/Developmental
Disability |
| <input type="checkbox"/> Obese | <input type="checkbox"/> Life Alert |
| <input type="checkbox"/> Oxygen Dependent | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Mobility Impairment: Crutches | |
| <input type="checkbox"/> Mobility Impairment: Wheelchair | |
| <input type="checkbox"/> Mental Illness | |

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) Yes No

Ant 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 location) Yes No

What products/equipment and with what vendor does the registrant have from Life Alert/Project Life Saver? (e.g. pendant, wristband, mobile app, push help button, etc.) _____

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

Name of Social Worker/Case Worker _____

Agency _____ Contact Phone Number _____

Social Worker / Case Worker Email _____

Does the registrant have a service animal? Yes No

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 Phone Number _____

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

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

Registrant Pictures

Attach by paper clip a photo of the Registrant.

If filling out online, please email the photo with the application to SNR@edisonnj.org

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 the Edison Police Department Special Needs Liaison at SNR@edisonnj.org.

Additional Information

Use the area below for any additional information

Acknowledgement

I acknowledge that by checking the box below 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 authority to submit it on behalf of another. I further understand that by enrolling myself or someone else in the Edison Special Needs Registry that the personal information entered may be used by emergency medical services, 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. I also acknowledge that it will be my responsibility to keep to keep the information on the registry up to date.

It is further understood that completion of this form and participation in the Edison 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. Use of the Edison Special Needs Registry constitutes acknowledgment and acceptance of these limitations and disclaimers.

I understand the above disclaimer Yes

(Signature of person filling out the form)

(Print Name)

(Date)