

# DUBLIN POLICE SERVICES

COMMITMENT  
HONOR



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TRUST

## SPECIAL NEEDS REGISTRY

### Description of Person with Special Needs

First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

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

Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

*Scars/Birthmarks/Tattoos/Piercings:*

### Residence Information

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

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Are there any weapons/firearms at this residence?: Yes No

If YES, please describe items and where they are located/how they are secured:

### Parent or Guardian Information

#### First Parent or Guardian

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

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

#### Second Parent or Guardian

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

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

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### School Information (if applicable)

School Name: \_\_\_\_\_

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

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ School Phone: \_\_\_\_\_

### Disability/Special Need

Primary Diagnosis: \_\_\_\_\_

Co-Existing Diagnosis: \_\_\_\_\_

Notes:

### Information That Might be Helpful to First Responders in The Event of an Emergency

Child/Family Member Wandered Before?      Yes      No

If so, where found? \_\_\_\_\_

Favorite Places/Locations: \_\_\_\_\_

Child/Family Member attracted to water?      Yes      No

If attracted to a specific body of water, which one? \_\_\_\_\_

Child/Family Member able to swim?      Yes      No

Child/Family Member attracted to:      Trains      Heavy Equipment

Fire Trucks/Emergency vehicles

Child/Family Member Attracted to Roadways/Highways?      Yes      No

Child/Family Member:      Verbal      Nonverbal

Reaction when called by name? \_\_\_\_\_

Reaction to canines or animals? \_\_\_\_\_

Reaction to people in uniform? \_\_\_\_\_

Reaction to being touched? \_\_\_\_\_

Reaction sirens/sounds? \_\_\_\_\_

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Reaction to search aircraft? \_\_\_\_\_

Reaction to lights? \_\_\_\_\_

Please list any characteristics that are associated with this person: (Examples are sensory issues, specific behaviors (stimming), fears, behavioral triggers, meltdown behavior, physical aggression, past dealings with police, calming strategies that work, etc.) Please be as thorough as possible.

Primary method of communication? (words, pictures, device, etc.)

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Favorite Song? \_\_\_\_\_

Favorite Activity/Sport? \_\_\_\_\_

Favorite Character/Toy? \_\_\_\_\_

Knows Parents:              Names              Home Address              Phone Number

Response to Injury/Pain? \_\_\_\_\_

Programs Child/Family Member is associated with:

### Health/General Condition:

Overall Health: \_\_\_\_\_

Overall Physical Condition: \_\_\_\_\_

Handicaps/Deformities/Prosthetics: \_\_\_\_\_

Sensory Issues: \_\_\_\_\_

Processing Delay: \_\_\_\_\_

Medications/Dosages: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Medication Side Effects: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Prior 5150/Psychiatric Hold:      Yes      No      If yes, when? \_\_\_\_\_

History of Substance Use/Abuse:      Yes      No      If yes, what? \_\_\_\_\_

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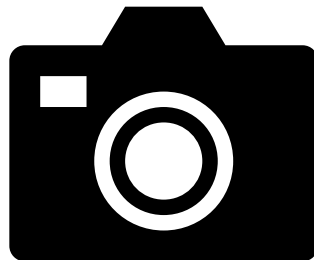


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### Photo

Do you have a current photo of your child/family member to provide Dublin Police Services, which accurately depicts how they look present day? If so, please attach form here.



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## SPECIAL NEEDS REGISTRY

### Emergency Contact Information

#### *First Emergency Contact*

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

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

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

#### *Second Emergency Contact*

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

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

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

### **Please Read and Initial:**

I am the lawful and legal parent and/or guardian of the person with special needs listed above:

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

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

I understand the information provided to Dublin Police Services is for law enforcement to have all the necessary information to better handle a situation and that information may be subject to public records laws, ***however, special needs are protected under HIPAA laws and will be redacted when necessary***

Initial: \_\_\_\_\_

### **RELEASE OF INFORMATION**

I, \_\_\_\_\_ (print name) hereby give my permission for Dublin Police Services to retain and distribute the information contained in this registration form to other first responder personnel for the sole purpose of identification and protection of the person identified above in an emergency or crisis situation.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Please return this completed and signed form to Dublin Police Services -- SNR, 6361 Clark Avenue, Dublin, CA 94568 or email a scanned copy to [SNR@Dublin.ca.gov](mailto:SNR@Dublin.ca.gov).**