



NORTH BERGEN POLICE DEPARTMENT

SPECIAL NEEDS NOTIFICATION FORM

E-mail photos to: bci@northbergenpd.com

In order to provide considerate and effective response to our residents, any person may voluntarily provide critical information on a family member, of any age, with special needs such as autism, Down's Syndrome, Alzheimers disease, dementia, or any other cognitive impairment or condition that you feel we should know. This strictly confidential information will only be shared with responding officers to ensure a safe resolution to whatever we can assist you with.

DATE OF REGISTRATION: _____ SPECIAL NEEDS DIAGNOSIS: _____

NAME OF SUBJECT: _____

NICKNAME: _____ D.O.B.: _____ SEX: _____ RACE: _____

HEIGHT: _____ WEIGHT: _____ EYE COLOR: _____ HAIR COLOR: _____

SCARS OR IDENTIFYING MARKS: _____

MEDICAL CONDITIONS: _____

ADDRESS: _____ CITY: _____ STATE: _____

ZIP: _____ HOME PHONE: _____ CELL PHONE: _____

METHOD OF COMMUNICATION IF NON VERBAL: SIGN LANGUAGE, WRITTEN WORD, ETC.

IDENTIFICATION WORN: JEWELRY/MEDICAL ALERT, CLOTHING TAGS, TRACKING MONITOR

TRIGGERS OR AVERSIONS: _____

CONVERSATION STARTERS: _____

INCLINATION FOR WANDERING BEHAVIORS OR CHARACTERISTICS THAT MAY ATTRACT ATTENTION: _____

FAVORITE ATTRACTIONS OR LOCATIONS WHERE PERSON MAY BE FOUND IF MISSING:

LIKES AND DISLIKES (DE-ESCALATION TECHNIQUES): _____

CAREGIVER/NEXT OF KIN NAME: _____ PHONE: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

EMAIL ADDRESS: _____ MISC. INFO: _____