

# Special Needs Registry

Circle One: NEW APPLICANT      UPDATED INFO

Application Date	Disability	
Registrant's Name	Telephones	
Address	Juvenile (Yes/No)	Date of Birth
Automobile Description		
Color	Year	Make
		Plate #
Is Registrant Verbal or Not?, Does Registrant Wander? Can they get Violent?		
Physical Description (Height, Weight, Race, Eye Color, Hair Color, Glasses) (include photo)		
Name, Address & Telephone of Person to Notify in the Event of an Emergency (Provide 2 if possible)		
Places Registrant likes to Frequent		
List Registrant's School or Employment (Address and Phone #)		
Doctor's Name, Address & Telephone/ Preferred Hospital		
Any other information: (Best way to approach Registrant/ Does sirens, lights upset them?)		
Name of Person Entering Registrant      Relationship      Signature & Date		
Contact Email of Person Registering: _____		
<b>Please attach a photo or email a digital photo with name to <a href="mailto:BOMARA@HPBORO.COM">BOMARA@HPBORO.COM</a></b>		
Questions call Ptl. Brian O'Mara 732-572-3800 (x. 4262 for Voice Mail)		

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