



Manville Police Department

2 North Main Street
Manville, NJ 08835
Telephone: 908-725-1900
Facsimile: 908-725-7677

Special Needs Registry Form

First Name _____ Middle Initial _____

Last Name _____ Nickname (If Any) _____

Home Address _____

Home Phone _____ Cell Phone _____

Date of Birth _____ Gender M F Height _____ Weight _____

Hair Color _____ Eye Color _____ Corrective Lenses _____

Scars/Piercings/Tattoos _____

What is the registrant's special need? (i.e., Autism, Alzheimer's, Mental Illness etc.)

Method of Communication: (Verbal, Non-Verbal, Sign Language, Written, Speech Assistance Device)

What language(s) does the registrant speak or understand?

Does the registrant utilize any tracking/health equipment? (Project Lifesaver, Life Alert, Mobile App.) _____

Life Threatening Medical Concerns? (Medicine, Allergies, Seizures etc.)

Areas that the registrant frequents (playgrounds, pools, stores, friend's residence etc.)

Does the registrant gravitate towards water? If so, can the registrant swim?

Any triggers which affect the registrant (i.e., loud noises, bright lights etc.)

Any calming methods used for the registrant?

Does the registrant have a driver's license? (If so list license number)

Does the registrant own or frequently drive a vehicle? (If so, list make, model, color, and license plate) _____

Does the registrant attend school or are they employed? Name of School/Employer

School/Employer address _____

School/Employer phone number _____

Emergency Contact Information:

First Name _____ Last Name _____

Relationship _____

Home Address _____

Home Phone _____ Cell Phone _____

I acknowledge that by signing below that the information being provided is truthful, current, and valid and that I am authorized to submit it on my 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 Manville Police Special Needs Registry that the personal information entered may be used by emergency personal, 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. It is further understood that completion of this form and participation in the Manville Police 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.

By signing below, I also acknowledge that I understand the disclaimer.

(Signature of the Person Filling out this Form)

(Relationship to Registrant)

(Print Name)

(Date)

Please complete the application, scan and email along with a photograph to notifications@manvillepd.org. Be sure to include SNR or Special Needs Registry in the Subject field when emailing. Applications can also be mailed to or dropped off at Manville Police Headquarters, Attn: Special Needs Registry, 2 North Main Street, Manville, New Jersey 08835.