

**HUNTERDON COUNTY S.T.A.R.**  
**Specialized Training and Registration**  
Special Needs/Disability Registration for First Responders  
A Registry to Assist Persons at Risk

Telephone: 908-788-1129  
Fax: 908-806-8184



[www.co.hunterdon.nj.us/star.html](http://www.co.hunterdon.nj.us/star.html)  
[star-registration@co.hunterdon.nj.us](mailto:star-registration@co.hunterdon.nj.us)

STaR Program allows parents/legal guardians, on a voluntary basis, to provide information they believe crucial to the well-being of their loved ones/wards/clients, which will then be loaded into a database at Hunterdon County Public Safety Department which houses the Hunterdon County Law Enforcement Dispatch Center. There, trained dispatchers will be able to cross reference names and/or addresses within the database and instantly provide details to first responders.

The form can be downloaded from our web site at [www.co.hunterdon.nj.us/star.html](http://www.co.hunterdon.nj.us/star.html) (or see following pages) and mailed/emailed/faxed for entry into the Data Base. Please fill out the form in its entirety and return it with a photograph of the individual being registered.

It is important to note that this information will be released only to law enforcement and first responders when and only when a time arises for a need to know basis.

Each form should be signed and dated by either the registrant or guardian of registrant. Because this is voluntary, proof of guardianship or representation must be presented if you are registering an adult into the program.

Once the form is complete you can send it via one of the following methods:

EMAIL: [star-registration@co.hunterdon.nj.us](mailto:star-registration@co.hunterdon.nj.us)  
FAX: 908-806-8184 (Dept. of Emergency Services)  
MAIL: STaR Registration Program  
c/o Hunterdon County Department of Public Safety  
PO Box 2900  
Flemington, NJ 08822-2900

Inquires can be made by calling Detective Sergeant Linda Fabiano in the Hunterdon County Prosecutors office at 908-788-1129.

We thank you for your participation in this very important program.

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*A registry to assist persons at risk*

Name:

D.O.B.:

Race:

Sex:

Height:

Weight:

Hair Color:

Eye Color:

Scars/Birthmarks/Tattoos:

Home Address:

Family Residence

Agency Staffed

Home Phone:

Cell Phone:

Primary Diagnoses:

Medications Taken:

Last Known Dates and Times Taken:

**CHARACTERISTICS**

Verbal

Non-Verbal

Limited Verbal

If Non-Verbal, Mode of Communication:

For office use only

Aggressive Tendencies toward: Self      Police      EMS      Firefighters      Other

(Explain):

Weapons in vicinity:    Yes      No

If yes, where kept:

If yes, are weapons properly secured:    Yes      No

Alcohol/Drug Issues:    Yes      No

Likely to Run if Approached:    Yes      No      Unsure

Sensory Issues:

Touch:    Yes      No

Sound:    Yes      No

Bright Lights:    Yes      No

Eye Contact:    Good      Fair      Poor

Other:

Stimming Behavior:

Processing Delays:    Yes      No

Fears:

Dislikes / Triggers:

Favorite Objects / Topics:

Pre-Meltdown Signs:

Meltdown Behavior:

Calming Strategies:



**OTHER CONTACT INFO (if applicable)**

Case Worker Name: Agency:  
Case Worker Phone: Agency Phone:  
School Name: Grade:  
School Address:  
School Contact: Contact Phone:  
Relationship:

Place of Work (if employed):  
Work Address:  
Work Contact Name: Work Phone:

**VEHICLE INFO (if applicable)**

Have a Non-Driver State ID: No Yes State ID #:  
Have a Driver's License: No Yes Driver's License #:  
Make: Model: Year: Color:  
License Plate State: Plate Number:

**OTHER INFORMATION (if applicable)**

Please provide any additional information you may find helpful:

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**RELEASE**

I, \_\_\_\_\_, hereby give my permission for any first responder agency (including but not limited to-police/fire/rescue/EMS/ 911-dispatch center/search and rescue personnel) 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.

Name (print name of applicant):

\*Name (signature of applicant / legal guardian / representative):

Date Signed:

*\* Please note that proof of guardianship or representation will be required prior to be placing on S.T.a.R.*