

Hunterdon County

SPECIAL NEEDS REGISTRY

The CDC reports that 1 in 5 adults in New Jersey have a disability. The Hunterdon County Department of Public Safety, in partnership with the Hunterdon County Sheriff's Office and the Prosecutor's Office, is proud to offer the Special Needs Registry to our community. The Hunterdon County Special Needs Registry is a way to share helpful information with first responders, in a time of crisis. The registry is voluntary and open to anyone residing, attending school, or working in Hunterdon County. Anyone who may require additional assistance due to special needs during a police, fire, or medical emergency is eligible for the registry. This can include individuals with autism, those who are deaf/hard of hearing or blind, those with intellectual or developmental disabilities, people with mobility issues, or individuals with dementia. In the event someone is unable to submit information on their own, a person who is authorized to act on their behalf may do so. Proof of representation (i.e. POA, guardianship) must be submitted at the time of registration.

The registry application will be entered into a secure database at Hunterdon County Communications, our countywide emergency dispatch center. If there is a call for service at the registrant's address, dispatchers will be able to alert emergency responders that there may be a unique situation in your home involving a person with special needs.

This registry is entirely voluntary. The information will only be shared with law enforcement, first responders, and emergency planners, when the need arises. Persons on the registry are volunteering for the list and have the choice to agree to assistance, or to say no. If someone does not want to disclose certain health information, they should not register. Providing this information does not guarantee that the person will receive immediate special or individual aid in an emergency or disaster. Individuals should always have their own emergency plan in place.

Once the form is completed, it can be submitted via one of the following methods:

- Email: specialneeds@co.hunterdon.nj.us
- Fax: 908-788-1377
- Mail: Special Needs Registry
Hunterdon County Sheriff's Office
PO Box 2900
Flemington, NJ 08822

Please contact the Hunterdon County Sheriff's Office at 908-788-1166 with any questions about the registry.



Frequently Asked Questions

What special needs should be submitted to the registry?

- Any individual who may require additional assistance due to any special needs during a police, fire, or medical emergency may submit information to the registry. The registry will better enable our first responders and emergency planners to help our community members in emergency situations. Please contact the Hunterdon County Sheriff's Office with any inquiries about eligibility.

Will my information be kept confidential?

- The information provided through the registry will be shared with local, county, state and federal agencies for the purposes of emergency planning and emergency response. The County will make every effort to respect privacy and confidentiality while providing for the needs of the people involved. Information will **not** be placed in any other database.

How does the registry work?

- An individual or their representative will fill out the Special Needs Registry application form, and submit it via email, fax, or mail. A registry administrator will contact the registrant/representative with any questions about the application. The application will be entered into a secure database at Hunterdon County Communications, our countywide emergency dispatch center. If there is a call for service at the registrant's address, dispatchers will be able to alert emergency responders that there may be a unique situation in your home involving a person with special needs.

Registrant

First Name: _____

Last Name: _____

Nickname (if any): _____

Residential Address: _____

City, State, Zip: _____

Cell #: _____

Home #: _____

Email: _____

Driver's License # and State: _____

Registrant Identifiers

Date of Birth: _____

Gender: _____

Race: _____

Height: _____

Weight: _____

Build: _____

Hair color: _____

Eye color: _____

Corrective Lenses: Contact Lenses Glasses

Scars/Mark/Tattoos/Piercings (describe and give location):

Please list any medications regularly taken by the registrant.

Has the registrant ever exhibited aggressive or self-harm tendencies? Yes No

Please detail if "Yes". _____

Does the registrant have access to weapons? Yes No

Please detail if "Yes". _____

Does the registrant have any known alcohol or substance use issues? Yes No

Please detail if "Yes". _____

Does the registrant have any stimming behaviors? Yes No

Please detail if "Yes". _____

Does the registrant have any sensory issues? (i.e. touch, sound, lights, eye contact) Yes No

Please detail if "Yes". _____

Representative of Registrant (person completing this form)

Name: _____

Address: _____

Phone #: _____

Email: _____

Relationship to Registrant: _____

Vehicles

Does the registrant have any vehicles registered to them? Yes No

If Yes, please complete the following information:

Registration State _____ License Plate # _____

Make _____ Model _____ Color _____

Registration State _____ License Plate # _____

Make _____ Model _____ Color _____

Registration State _____ License Plate # _____

Make _____ Model _____ Color _____

Does the registrant regularly use a vehicle registered to someone else? Yes No

If Yes, please complete the following information:

Registration State _____ License Plate # _____

Make _____ Model _____ Color _____

Registration State _____ License Plate # _____

Make _____ Model _____ Color _____

Registration State _____ License Plate # _____

Make _____ Model _____ Color _____

Does the registrant own or operate a bicycle? Y/N

Make _____ Model _____ Color _____

Communication

Method of Communication (check all that apply):

Augmentative/Speech Assistance Device

Sign Language

Written

Non-Verbal

Verbal

What type of augmentative/speech assistance device does the registrant use?

What type of sign language does the registrant use?

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

Registrant School/Employment Information

Does the registrant attend school or are they employed? Yes No

Name of School/Employer: _____

School/Employer Address: _____

School/Employer City, State, Zip: _____

School/Employer Phone #: _____

(Additional School/Employer)

Name of School/Employer: _____

School/Employer Address: _____

School/Employer City, State, Zip: _____

School/Employer Phone #: _____

Registrant Special Needs

What is the registrant's special need? Select all that apply.

- _____ Alzheimer's/Dementia
- _____ Autism
- _____ Diabetes/Hyperglycemic (Type ____)
- _____ Epilepsy
- _____ Electricity Dependent
- _____ Deaf/Hearing Impairment
- _____ Hoarding Disorder
- _____ Intellectual/Developmental Disability
- _____ Life Alert
- _____ Mental Health Disorder
- _____ Mobility Impairment (Wheelchair)
- _____ Mobility Impairment (Other)_____
- _____ Obesity
- _____ Oxygen Dependent
- _____ Project Lifesaver
- _____ Post-Traumatic Stress Disorder

- _____ Sensory Issues
- _____ Service Animal (please detail type of animal and name below)
- _____ Sight Impairment/Blind
- _____ Speech Impairment
- _____ Wandering/Elopement (please detail location below)
- _____ Other

Please provide additional details about the registrant's special needs. _____

Describe any of the registrant's life-threatening medical concerns: (e.g. food or medication allergies, seizures, etc). _____

Does the registrant use an Epi-Pen? (If Yes, please give storage location) Yes No

Any calming methods used by/with the registrant?

Does the registrant frequent/gravitate to any specific or favorite location? (i.e. playground, water, hiding spot)

What products/equipment does the registrant have? Please list vendor/company name as well. (i.e. Life Alert pendant, Project Lifesaver wristband, mobile app)

Does the registrant have an assigned social worker or case manager? Yes No

Name of Social Worker/Case Manager: _____

Phone #: _____

Is there any other information about the registrant that emergency responders should know?

Emergency Contact Information

First Name: _____

Last Name: _____

Residential Address: _____

City, State, Zip: _____

Cell Phone: _____

Home Phone: _____

Email: _____

Relationship to Registrant: _____

Is this person the legal representative of the registrant? (i.e. guardian, POA) Yes No

Additional Emergency Contact Information

First Name: _____

Last Name: _____

Residential Address: _____

City, State, Zip: _____

Cell Phone: _____

Home Phone: _____

Email: _____

Relationship to Registrant: _____

Acknowledgement:

I acknowledge that by checking the box below that the information being provided is truthful, current, and valid. I am authorized to submit it on my own 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 Hunterdon County Special Needs Registry that the personal information entered may be used by emergency personnel, including, but not limited to: law enforcement, emergency medical services, and fire department personnel in the event of an emergency situation. I also acknowledge that it will be my responsibility to respond to inquiries made by the Hunterdon County Sheriff's Office, to keep the records up to date.

It is further understood that completion of this form and participation in the Hunterdon County 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. Use of the Hunterdon County Special Needs Registry constitutes acknowledgment and acceptance of these limitation and disclaimers. I understand that my acceptance to the Special Needs Registry does not guarantee assistance in evacuation or sheltering.

I understand the above disclaimer: Yes No

(Signature of the person completing this form)

(Date)

(Printed name of the person completing this form)

Please complete this application and submit (please include photograph) to:

- Email: specialneeds@co.hunterdon.nj.us
- Fax: 908-788-1377
- Mail: Special Needs Registry
Hunterdon County Sheriff's Office
PO Box 2900
Flemington, NJ 08822