



## **The Elmhurst Police Department**

125 E. First St,  
Elmhurst IL 60126  
TELEPHONE: 630 530-3050

### **Special Needs Registry**

#### **What is the Elmhurst Police Department's Special Needs Registry?**

The Special Needs Registry is an initiative of the Elmhurst Police Department. Its purpose is to compile and maintain a list of individuals who have "special needs" due to mental or neurological disabilities and who tend to wander away from their residence. Residents are invited to proactively provide information about a loved one with special needs of any age, who may require special assistance in an emergency or interaction with Elmhurst Police Officers. The registration is completely voluntary.

#### **How to register**

To register for the Special Needs Registry, complete the Special Needs Registry Form and turn it into the Elmhurst Police Department. Parents and caregivers may enroll a person of any age with any type of medical condition or disability, including but not limited to: Autism Spectrum Disorder, Alzheimer's or Dementia, Bipolar Disorder and Down Syndrome. Adults with special needs may also enroll themselves.

#### **What happens once the person is registered?**

When a Police Officer has contact with the person on this form, this information can provide us with the details needed to successfully interact and communicate with your loved one, as well as provide us with your contact information. This registry is a means of identifying a lost or found, missing or endangered individual within the City limits.



**Contact Information**

*Person with Special Needs:*

First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Race: \_\_\_\_\_

Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Scars/Birthmarks/Tattoos:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***Attached Photograph? Yes No***

**Residence Information**

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Parent or Guardian Information**

*First Parent or Guardian*

Name: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Favorite places to eat, visit, hang out: \_\_\_\_\_

*Second Parent or Guardian*

Name: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Place of Employment: \_\_\_\_\_





**Emergency Contact Information**

*First Emergency Contact*

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

*Second Emergency Contact*

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

***Please read and Initial:***

I am the lawful and legal parent and/or guardian of the person with special needs listed in this safety form: \_\_\_\_\_ Relationship \_\_\_\_\_

**RELEASE OF INFORMATION**

I, hereby give my permission for the Elmhurst Police Department 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.

Signature: \_\_\_\_\_

**Completed Forms can be mailed or dropped off at the**

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FAX: 630 941-1229

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