



## **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: \_\_\_\_\_

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

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

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

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

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

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

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

\_\_\_\_\_

\_\_\_\_\_

Scars/Birthmarks/Tattoos:

\_\_\_\_\_

\_\_\_\_\_

**Attached Photograph?** Yes No

**Parent or Guardian Information**

*First Parent / Guardian and or Emergency Contact*

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

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

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

*Second Parent / Guardian and or Emergency Contact*

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

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

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

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*Disability/ Special Need*

Primary Diagnosis: \_\_\_\_\_

Any Unusual Habits: \_\_\_\_\_

Doctor's Name & Phone number: \_\_\_\_\_

Please list any characteristics that are associated with this person: (Examples are sensory issues, certain behaviors, physical aggression, past dealings with police, calming strategies that work, etc.)

How does your loved one communicate? (words, pictures, device, etc.)

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

***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: \_\_\_\_\_

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