

# AVONDALE POLICE DEPARTMENT



## SPECIAL REGISTRY

This registration form collects information about a person's tendencies, triggers, and any other information which a caregiver believes the police department should be aware of. The information will be secure at the police department, within easy access for Avondale's first responders should any assistance become necessary. When a Police Officer has contact with the registrant listed on this form, our dispatch center will be able to provide our Officers with the information needed to successfully interact and communicate with your loved one, as well as provide our department personnel with your emergency contact information. Please submit a recent photograph of your loved one via email ([apdvictimservices@avondaleaz.gov](mailto:apdvictimservices@avondaleaz.gov)) and if you are unable to supply a photograph, we can take one for you. The information you provide is confidential and will only be used emergency response calls and interactions.

### Description of Registered Person with Special Needs

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ MI: \_\_\_\_\_

Sex: \_\_\_\_\_ Race: \_\_\_\_\_ DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Complexion: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

Hair color: \_\_\_\_\_ Hair Style: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Scars, Marks, Tattoos \_\_\_\_\_

Build (thin, medium, heavy): \_\_\_\_\_ Right or Left handed: \_\_\_\_\_

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## Registered Person's Residence Information

Home Address: \_\_\_\_\_ Apt # \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Work Phone: : \_\_\_\_\_ Cell Phone: : \_\_\_\_\_

Are there any weapons / firearms at this residence? \_\_\_\_\_ Yes \_\_\_\_\_ No

If YES, please describe the items and where they are located / how they are secured:

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## Registered Person's Employment Information (if applicable)

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Employer City: \_\_\_\_\_ Employer Phone Number: \_\_\_\_\_

## Registered Person Vehicle Information (if applicable)

If the registered person can drive, please include the following information for the vehicle they are most likely to operate:

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_

Color: \_\_\_\_\_ License Plate: \_\_\_\_\_ State: \_\_\_\_\_

Vehicle Identification Number (VIN)

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## Registered Person's School Information (if applicable)

School Name: \_\_\_\_\_ School Phone: \_\_\_\_\_

School Address: \_\_\_\_\_ City: \_\_\_\_\_

## Information That May be Helpful to First Responders in the Event of an Emergency

Child / Family Membered Wandered Before? \_\_\_\_\_ Yes \_\_\_\_\_ No

If YES, where found? \_\_\_\_\_

Favorite Places / Locations: \_\_\_\_\_

Child / Family Member attracted to water? \_\_\_\_\_ Yes \_\_\_\_\_ No

If YES, is there a specific body of water? Which one? \_\_\_\_\_

Child / Family Member can swim? \_\_\_\_\_ Yes \_\_\_\_\_ No

Child / Family Member attracted to: \_\_\_\_\_ Trains \_\_\_\_\_ Heavy Equipment

\_\_\_\_\_ Fire Trucks / Emergency Vehicles \_\_\_\_\_ Roadways / Highways

Please list any characteristics that are associated with this person (Examples are sensory issues, specific behaviors (stimming), fears, behavioral triggers, meltdown behavior, physical aggression, past dealings with Police, calming strategies that work, etc.) Please be as thorough as possible.

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## Diagnosis / Disability (check all that apply)

Autism       Asperger's Syndrome       Deaf / Low Hearing

Alzheimer's Disease / Dementia       Intellectual Disability

Other \_\_\_\_\_

Diagnosed Mental Health Issue \_\_\_\_\_

## Communication Methods (check all that apply)

Verbal       Non-verbal       Sign Language (ASL)

Picture Exchange Communication (flash cards)       Speech Difficulty

Non Communicative       Language other than English: \_\_\_\_\_

## Special Considerations (check all that apply)

Combative       Noise Sensitive       Combative if restrained

Paranoia       Disrobes or prefers nudity       Repeats Phrases

Fear of Dogs       Run Tendency       Hugs

Touch Sensitive       Light Sensitive       Sensitive to Stimulation

Self-stimulatory Behavior       Unresponsive to Strangers

Fear of Officers or uniformed individuals

Other: \_\_\_\_\_

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## Primary Contact

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ MI: \_\_\_\_\_

DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Relation to registered person: \_\_\_\_\_ Sex: \_\_\_\_\_

Home Address: \_\_\_\_\_ Apt # \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Work Phone: : \_\_\_\_\_ Cell Phone: : \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ @ \_\_\_\_\_

Preferred / Easiest method of contact: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_ E-Mail \_\_\_\_\_

Employer: \_\_\_\_\_ Employer Address: \_\_\_\_\_

Employer City: \_\_\_\_\_ Employer Phone Number: \_\_\_\_\_

## Secondary Contact

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ MI: \_\_\_\_\_

DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Relation to registered person: \_\_\_\_\_ Sex: \_\_\_\_\_

Home Address: \_\_\_\_\_ Apt # \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Work Phone: : \_\_\_\_\_ Cell Phone: : \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ @ \_\_\_\_\_

Preferred / Easiest method of contact: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_ E-Mail \_\_\_\_\_

Employer: \_\_\_\_\_ Employer Address: \_\_\_\_\_

Employer City: \_\_\_\_\_ Employer Phone Number: \_\_\_\_\_

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## Acknowledgement

Please read and initial

\_\_\_\_\_ I am the lawful and legal parent / guardian of the person with the special needs listed above.

Relationship with registered person \_\_\_\_\_

\_\_\_\_\_ I understand the information provided to the Avondale Police Department is for Avondale first responders to have all the necessary information to assist with first responder interactions and encounter with the registered person.

\_\_\_\_\_ I acknowledge I may request the registered person's information, set forth these forms, may be withdrawn at any time.

\_\_\_\_\_ It is my responsibility to ensure the registered person's information, as set forth in these forms is current and accurate and to notify the Avondale Police Department, in writing, of any changes.

### RELEASE OF INFORMATION

I, hereby give my permission for the Avondale 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: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ /

\_\_\_\_\_ Please return this completed and signed form to the Avondale Police Department at the address below or email to [apdvictimservices@avondaleaz.gov](mailto:apdvictimservices@avondaleaz.gov).

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## FREQUENTLY ASKED QUESTIONS

### WHO IS ELIGIBLE?

The registry has been developed with the intent to serve all members (adult or juvenile) of our community who have a "special need" and want to register with the Avondale Police Department.

### AS SOON AS I REGISTER, WILL THE INFORMATION BE IMMEDIATELY AVAILABLE IN CASE POLICE RESPONSE IS REQUIRED?

The process may take up to four (4) days to enter all information provided.

### WHO HAS ACCESS TO MY CHILD'S PROFILE?

Avondale Police Department personnel who require this information in the performance of their duties will have access to the information. There are strict regulations when accessing the information and disseminating information. The sharing of this information with other police agencies during an emergency can be helpful when a person is registered in Avondale yet wanders into another jurisdiction.

### CAN I UPDATE MY PROFILE IF THERE ARE CHANGES? HOW DO I DO THAT?

Yes, you may! Only the information which has a significant impact on emergency responder response will be necessary. All changes can be made on a new registry form, which you will then submit to the Avondale Police Department.

### AFTER MY CHILD / DEPENDENT ADULT IS REGISTERED AND IF THERE IS AN INCIDENT, DO I NEED TO DO SOMETHING TO NOTIFY THE POLICE?

It is preferable you let the police / dispatcher know the individual is registered in the program. In doing so, the information will be immediately disseminated to first responders responding to the call without having to ask the parents / guardians unnecessary questions during a high stress situation.

### HOW WILL THIS REGISTRY HELP IF MY CHILD / DEPENDENT ADULT GOES MISSING?

If the individual goes missing and is reported by the parent /guardian, information about his / her physical appearance, the most likely places where he / she would go to as well as triggers, stimulants and de-escalation techniques will be sent to every law enforcement agency in the area to look for the missing person. If the individual has not been reported and is incapable of effectively communicating his / her name when encountered by an officer, a computer check of the neighborhood for individuals registered nearby, coupled with the physical appearance provided, may allow us to identify your loved one faster. This will then allow the first responders to use the contact information on file in efforts to reunite the individual with their parents / guardian.