



# LIVERMORE POLICE DEPARTMENT

*Service with Honor. Protection with Purpose.*

## SPECIAL NEEDS REGISTRY



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

The Special Needs Registry is a program offered by the Livermore Police Department as a service to the community. The purpose of the Special Needs Registry is to compile and maintain person records of individuals who have "special needs" due to mental or neurological disabilities and who reside or frequently visit the City of Livermore, who may require special assistance in an emergency or during interactions with Livermore Police Officers. Residents are invited to proactively provide information about a loved one with special needs of any age. The registration is **completely voluntary**.

### **How to register**

To participate in the Special Needs Registry, complete the Special Needs Registry form below and turn it into the Livermore 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 disease, Dementia, Bipolar Disorder, and Down Syndrome. Adults with special needs may also enroll themselves in the program. If the consumer is an adult, and they do not provide consent themselves, or are unable to provide consent due to their disability, the parent/caregiver will have to show legal documentation (conservatorship/court order) to show they have the legal authority to make decisions for the consumer.

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

When a police officer has contact with the consumer 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 return this completed and signed form to the Livermore Police Department at the address below, or email it to [snr@livermoreca.gov](mailto:snr@livermoreca.gov).



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### Description of Person with Special Needs

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

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

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

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

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

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

*Scars/Birthmarks/Tattoos/Piercings:*

### Residence Information

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

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Are There Any Weapons/Firearms at this Residence?: Yes  No  *If YES, please describe items and where they are located/how they are secured:* \_\_\_\_\_

### Parent or Guardian Information

#### First Parent or Guardian

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

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

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

#### Second Parent or Guardian

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

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

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



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### School Information

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

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

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

### Disability/ Special Need

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

Co-Existing Diagnosis: \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_

### Information That Might be Helpful to First Responders in The Event of an Emergency

Child/Family Member Wandered Before? Yes  No

If So, Where Found? \_\_\_\_\_

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

Child/Family member attracted to water? Yes  No

If attracted to a specific body of water, which one? \_\_\_\_\_

Child/Family Member Able to Swim? Yes  No

Child/Family Member Attracted to: Trains  Airplanes  Heavy Equipment  Fire Trucks/Emergency veh.

Child/Family Member Attracted to Roadways/Highways? Yes  No

Child/Family Member Verbal?  Nonverbal?

Reaction When Called by Name? \_\_\_\_\_

Reaction to Canines or Animals? \_\_\_\_\_

Reaction to People in Uniform? \_\_\_\_\_

Response to Being Touched? \_\_\_\_\_

Reaction to Sirens/Sounds? \_\_\_\_\_

Reaction to search Aircraft? \_\_\_\_\_

Reaction to lights? \_\_\_\_\_



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**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.

Primary method of communication? (words, pictures, device, etc.)



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Favorite Song? \_\_\_\_\_

Favorite Activity/Sport? \_\_\_\_\_

Favorite Character/Toy? \_\_\_\_\_

Knows Parents Names  Home Address  Phone Number

Response to Injury/Pain? \_\_\_\_\_

Programs Child/Family Member is Associated With: \_\_\_\_\_

### Health/General Condition:

Overall Health: \_\_\_\_\_

Overall Physical Condition: \_\_\_\_\_

Handicaps/Deformaties/Prosthetics: \_\_\_\_\_

Sensory Issues: \_\_\_\_\_

Processing Delay: \_\_\_\_\_

Medications/Dosages: \_\_\_\_\_

Medication Side Effects: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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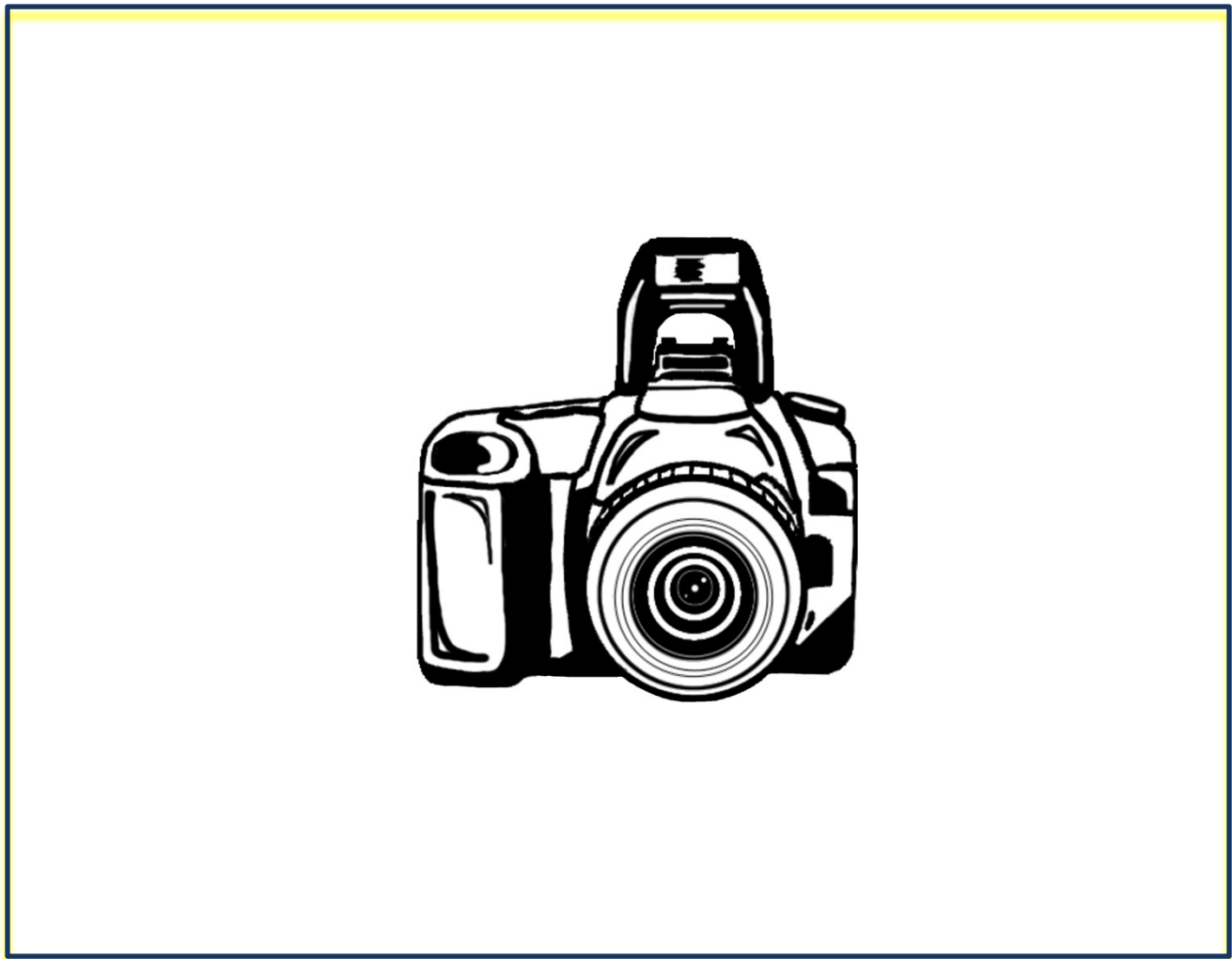
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### Photo:

Do you have a current photo of your child/family member to provide Livermore Police Department, which accurately depicts how they look present day? If so, please attach to form here.





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### 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 above: \_\_\_\_\_

Relationship \_\_\_\_\_

I understand the information provided to the Livermore Police Department is for law enforcement to have all the necessary information to better handle a situation and that information may be subject to public records laws, - F.S.S. Ch. 119 - **however, special needs are protected under HIPAA laws and will be redacted when necessary** \_\_\_\_\_

#### **RELEASE OF INFORMATION**

I, hereby give my permission for the Livermore 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 Livermore Police Department at the address below, or email it to [snr@livermoreca.gov](mailto:snr@livermoreca.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 or people who frequent our community who have a “special need” and want to register with the Livermore Police Department.

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

No. The information provided on the registration form will need to be entered in order to capture all relevant information in our records system. The process may take up to two (2) weeks to be fully processed. An identification card will be issued to the participant and mailed to the address listed in this form.

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

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

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

You may, however, only information that has a significant impact on policing response will be necessary. Some examples would include a change in address, school, or emergency contact. You do not need to report a change in hair cut or color, as police are familiar with the changes that can be made and are more likely to notice height, weight and eye color. All changes can be made on a new registry form, which you will then submit to the Livermore 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 that you let the police/dispatcher know that the individual is already registered. In doing so, the information will be immediately disseminated to the responding patrol officers 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 the individual faster. This will then allow the Livermore Police department to use the contact information on file to reunite the individual with their parents/guardians.