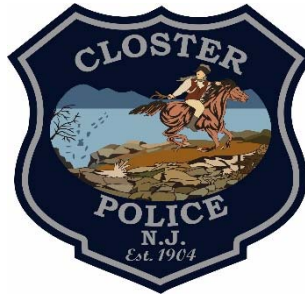


JOHN MCTIGUE  
CHIEF OF POLICE



CHIEF'S OFFICE (201) 768-5341



DEPARTMENT OF  
**POLICE**  
BOROUGH OF CLOSTER

295 CLOSTER DOCK ROAD  
CLOSTER, NEW JERSEY 07624  
201-768-5000 FAX: 201-768-7413

DETECTIVE BUREAU  
(201) 768-7144

*The Closter Police Department's Special Needs Registry is a **voluntary** service open to all citizens with disabilities who reside, attend school or are employed in Closter. The registry was created to help police officers and other emergency service personnel to better assist residents with special needs in the event of an emergency by providing those first responders with vital information regarding a registrant's disability, emergency contact information, a physical description and current photograph of the registrant.*

**Program Eligibility:**

1. Closter residents (Exceptions will be considered on a case by case basis by the program manager and administration.)
2. Considered "At-Risk" based on the below criteria.

**At-Risk Criteria (any ONE of the following):**

1. Elderly (60+ years of age)
2. Cognitive disability either suspected or diagnosed (Alzheimer's, Dementia, Autism, etc.)
3. Any other disability that causes a tendency for wandering.
4. Any other condition/reason that the program manager feels would be beneficial for the resident to be registered.

**Any inquiries or questions about the program should be forwarded to:**

**Sgt. Justin Krapels**

**201-768-500 ext 408**

**[Jkrapels@closterpolice.org](mailto:Jkrapels@closterpolice.org)**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ MI: \_\_\_\_\_

Nickname (if any): \_\_\_\_\_

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

City, State and Zip: \_\_\_\_\_

**PERSON FILLING OUT THIS FORM**

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

Relationship to Registrant: \_\_\_\_\_

**REGISTERED VEHICLE**

Does the registrant own or frequently drive a vehicle?  Yes  No

Vehicle State: \_\_\_\_\_ Vehicle Plate #: \_\_\_\_\_

**REGISTRANT INFORMATION**

Date of Birth: \_\_\_\_\_ Gender:  Male  Female  Other \_\_\_\_\_

Height (ft) \_\_\_\_ (in) \_\_\_\_ Weight: \_\_\_\_

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

Scars/Piercings/Marks/ Tattoos (example – tattoo of heart on right forearm)

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

**COMMUNICATION**

Method of Communication

Augmentative/Speech Assistance Device (What type of Device)

\_\_\_\_\_

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

\_\_\_\_\_

Non-Verbal

Sign Language

Written

**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, and Zip: \_\_\_\_\_

School Employer Phone #: \_\_\_\_\_ Contact: \_\_\_\_\_

**SPECIAL NEEDS**

What are the registrant's special needs? (You may select more than one)

- Alzheimer's / Dementia
- Autism
- Mental Illness
- Intellectual or Developmental Disability
- Hard of Hearing / Deaf or other Hearing Impairment
- Mobility Impairment:
  - Crutches
  - Wheelchair
  - Other \_\_\_\_\_
- Oxygen Dependent
- PTSD
- Service Animal
- Sight Impairment /Blind
- Speech Impairment
- Other \_\_\_\_\_

Describe any of the registrant's life threatening medical concerns (food or medicine allergies, seizures, etc.)

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

Does the registrant use an Epi-Pen?     Yes     No

Any Triggers which affect the registrant? (Loud noises, Bright Lights)

\_\_\_\_\_

Any Calming Methods used:

\_\_\_\_\_



**ACKNOWLEDGEMENT**

I acknowledge that by checking the box below that the information being provided is truthful, current and valid and that 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 Closter Police Departments Operation Rover that the personal information entered may be used by emergency personnel, including but not limited to, law enforcement officers, emergency medical services (first aid/paramedics) and fire department personnel in the event of a personal emergency or other emergency situation. I also acknowledge that it will be my responsibility to keep the information on the registry up-to-date.

It is further understood that completion of this form and participation in the Closter Police Department's Operation Rover 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 Closter Police Department's Operation Rover constitutes acknowledgement and acceptance of these limitations and disclaimers.

**I understand the above disclaimer:**    **Yes**      **No**

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Signature of person filling out form

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Date

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Print Name