

Town of  
South  
Windsor



**POLICE DEPARTMENT**  
**Special Needs Registry**

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Receive Texts: \_\_\_\_\_ Yes \_\_\_\_\_ No

**Individual's Physical Description:**

\_\_\_\_ Male \_\_\_\_ Female or Identify as M or F

Height \_\_\_\_ Weight \_\_\_\_ Race \_\_\_\_

Attach Recent Available  
Photo Here (if available)

Eye Color \_\_\_\_ Hair Color \_\_\_\_ Ethnicity \_\_\_\_

Scars, tattoos or other identifying marks: \_\_\_\_\_

\_\_\_\_\_

Type of Request:

**Residential Need/Restriction:** Y or N

(Use for power or communication concerns, such as Oxygen, dependent on third party visits, bed-ridden)

**Response Concerns:** Y or N

(Use for special conditions that may make person appear hostile or confused on contact with first responders or safety concerns for resident and/or responders).

**Disorientation/ Runaway:** Y or N

(Use for residents unable to explain or find way back to their residence, or identify themselves. Also juvenile runaways.)

**Specific Condition, Disability or Concern:**

- ☐ Blind/Visual Impairment
- ☐ Autism
- ☐ Non-ambulatory/wheel chair /bed ridden/mobility issues
- ☐ Verbal impairment
- ☐ Alzheimers/Dementia
- ☐ Oxygen required
- ☐ Deaf/Hard of Hearing
- ☐ Service animal
- ☐ Other/Description \_\_\_\_\_

**Please indicate which statements are true of the applicant:**

- ☐ Lives Alone ☐ May become disoriented ☐ May roam away from home
- ☐ May be unable to communicate own name, address, etc, if put under stress
- ☐ Unable to cope without power at home for more than 24 hours
- ☐ Unable to evacuate from home without assistance
- ☐ May appear to be hostile towards first responders ☐ May dislike and be hostile to first responders

Please describe those statements checked above if needed:

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Other information for first responders to be aware of:

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Emergency Contact #1

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

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

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Other Phone \_\_\_\_\_

Emergency Contact #2

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

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

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Other Phone \_\_\_\_\_

**Disclaimer:** By completing this form, I understand that I am responsible for contacting the South Windsor Police Department of any changes, at least annually, with regard to the above information. I further agree that I will indemnify, defend, and hold harmless the Town of South Windsor from and against any and all claims, suits, and proceedings resulting from or arising out of the provision of this information. I understand that this information will remain as part of my registry record until such time as I notify the Town of South Windsor to either change or delete it. I understand that the Town of South Windsor cannot be expected to ensure confidentiality of information that was supplied on this form. It is the responsibility of the person with special needs, or their caregiver, to ensure that their physical/medical supplies are stocked in their home and transported with them if necessary. The Town will not generally/or directly provide resources, transportation or service to persons on this registry.

Signature \_\_\_\_\_

Printed Name \_\_\_\_\_ Date \_\_\_\_\_