



# SAYREVILLE POLICE DEPARTMENT

9-1-1 or (732) 727-4444

1000 Main Street  
Sayreville, NJ 08872

Fax (732) 727-5189

## SPECIAL ASSISTANCE REGISTRATION

Please email the completed application and a current photo to [communityoutreach@sayreville.com](mailto:communityoutreach@sayreville.com).  
Be sure to include "Special Needs Registry" in the subject field when emailing.

Applications can also be mailed to Sayreville Police Headquarters 1000 Main Street Sayreville, NJ 08872  
Attn: Special Needs Registry

Click Here To  
Attach a Photo

New  Renewal

<b>TYPE OF SPECIAL NEED</b>	<input type="checkbox"/> Alzheimer's	<input type="checkbox"/> Brain Injury
	<input type="checkbox"/> Dementia	<input type="checkbox"/> Autism
	<input type="checkbox"/> Other _____	

<b>Name of Afflicted Person</b>		
NAME Last, First, M		
STREET 1		
STREET 2		
CITY/TOWN	STATE	ZIP
TELEPHONE	CELL PHONE	Cell Carrier

<b>Description</b>		
Nickname	Maiden Name	Date of Birth
Gender	Height	Weight
Hair Color	Eye Color	Vision
Scars/Piercings/Tattoos		
Primary Spoken Language		Do they speak English?

<b>Other Helpful Information</b>	
Method of Communication (i.e. Verbal, Non-Verbal, Sign Language, Written, etc.)	
What triggers the registrant	
What calming methods can be used for the registrant	
Areas that the Registrant Frequents (i.e. friend's residence, playgrounds, water, stores, etc.)	
Does the registrant drive a vehicle:	
Vehicle Registration & State	Make/Model/Year/Color
Any Other Useful Information (i.e. past employers, schools, etc.)	

<b>Medical</b>	
Primary Physician	Phone Number
Preferred Hospital	City, State
Allergies	Blood Type (if Known)
Life Threatening Medical Concerns (i.e. Medicine, Seizures, etc.)	
Utilize any tracking/health equipment? (i. e. Project Lifesaver, Life Alert, etc.)	
Does the registrant gravitate towards water:	Can the registrant swim:
Closest body of water or list most frequently used	

<b>List individuals to be contacted in case of emergency. Contacts listed should have access to property.</b>			
<b>1st</b>	Name	Relationship	Home Phone
	Address		Cell Phone
<b>2nd</b>	Name	Relationship	Home Phone
	Address		Cell Phone

<b>Person Registering Afflicted Person</b>			<input type="checkbox"/> Check here if Person Registering is 1 <sup>st</sup> Contact.
Name	Relationship	Home Phone	
Address		Cell Phone	

<b>ACKNOWLEDGEMENT:</b>		
<p>I acknowledge that by signing below that the information being provided is truthful and current and that I am authorizing to submit it on my behalf or as the legal guardian with the authority to submit it on behalf of another. I further understand that by enrolling myself or someone else in the Sayreville Police Department Special Needs Registry that the information entered may be used by emergency personnel including, but not limited to, law enforcement officers, emergency medical services and fire department personnel in the event of a personal emergency or other emergency situation.</p> <p>It is further understood that completion of this form and participation in the Sayreville Police Special Needs Registry is voluntary and cannot guarantee and is not intended to convey or warrant, either express or implied, as to outcomes, promises, or benefits from the use of this form and participation in this program.</p> <p style="text-align: center;">By signing below, I acknowledge and understand the disclaimer.</p>		
Signature of Person Acknowledging	Relationship to Afflicted Person	Date