

Each registrant will be provided 2 window decals that may be placed on the front entrance of their home, as well as on the window of any vehicle in which they regularly travel.

The presence of the SNR decal signifies that someone in the residence or vehicle has some degree of special need that police should be aware of.

The use of the decal is voluntary.



For further information call:
732-329-4000 ext. 7469
or email:
specialneedsreg@sbpdnj.net



Our Web page may be accessed at:
www.sbpdnj.org



Access our NIXLE feed by texting your zip code to 888777



Access our Twitter feed at:
[SoBrunswickPD](https://twitter.com/SoBrunswickPD)



Our Instagram page may be accessed at:
[sobrunswickpd](https://www.instagram.com/sobrunswickpd)



"I am the father of a child with special needs and a South Brunswick police officer. Being enrolled in this program helped disseminate information in a secure manner



to the police officers responding to an emergency involving my child, which greatly aided my family in a time of need."



South Brunswick
Police Department

SPECIAL NEEDS REGISTRY



Protecting your loved ones in the event of an emergency

The Special Needs Registry was created to help police officers and other emergency service personnel better assist residents with special needs in the event of an emergency by providing those first responders with vital information regarding a registrant's special needs, emergency contact information, physical description and a current photograph.



Is there a cost to register?

No, there is no cost to register.

Who is eligible to register?

The registry is open to any person who lives, works, or goes to school in South Brunswick and has a physical or mental impairment that subsequently limits one or more major life activities.

How does someone register?

The registrant's information can be easily entered into the registry by completing an online application obtained from our secure website:

<https://www.southbrunswicknj.gov/special-needs-registry>

completing it, and emailing it to:

specialneedsreg@sbpdnj.net

Or mailing it to:

**South Brunswick Police Dept.
540 Ridge Road
Monmouth Junction, NJ 08852**

What information is necessary to register someone?

- **Personal identifiers**
- **Emergency contact information**
- **Details about the registrant's special needs**
- **A recent photo**
- **Any other relevant information deemed important by the registrant or caregiver**

All information provided on the registry will remain strictly confidential and will only be used by first responders during times of emergency.



SOUTH BRUNSWICK TOWNSHIP POLICE DEPARTMENT

Special Needs Registry Form

Raymond J. Hayducka, Chief
James E. Ryan, Deputy Chief

First Name _____ Middle Initial _____

Last Name _____ Nickname (If Any) _____

Home Address _____

Home Phone _____ Cell Phone _____

Date of Birth _____ Gender _____ Height _____ Weight _____ Hair Color _____

Eye Color _____ Corrective Lenses _____ Scars/Piercings/Tattoos _____

What is the registrant's special need? (i.e. Autism, Alzheimer's, Mental Illness etc.)

Method of Communication: (Verbal, Non-Verbal, Sign Language, Written, Speech Assistance Device)

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

Does the registrant utilize any tracking/health equipment? (Project Lifesaver, Life Alert, Mobile App)

Life Threatening Medical Concerns? (Medicine, Allergies, Seizures etc.)

Areas that the registrant frequents (playgrounds, pools, stores, friend's residence etc.)

Does the registrant gravitate towards water? If so can the registrant swim?

Any triggers which affect the registrant (i.e. loud noises, bright lights etc.)

Any calming methods used for the registrant

Does the registrant have a driver's license? (If so list license number) _____

Does the registrant own or frequently drive a vehicle? (If so list make, model color and license plate)

Does the registrant attend school or are they employed _____

Name of School/Employer _____

School/Employer address _____

School/Employer phone number _____

Emergency Contact Information

First Name _____ Last Name _____ Relationship _____

Home Address _____

Home Phone _____ Cell Phone _____

I acknowledge that by signing below that the information being provided is truthful, current, and valid and that I am authorized to submit it on my 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 South Brunswick Police Special Needs Registry that the personal information entered may be used by emergency personal, 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.

It is further understood that completion of this form and participation in the South Brunswick Police Special Needs Registry 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.

By signing below, I also acknowledge that I understand the disclaimer.

(Signature of the Person Filling out this Form)

(Relationship to Registrant)

(Print Name)

(Date)

Please complete the application, scan and email along with a photograph to Specialneedsreg@sbpdnj.net

Be sure to include SNR or Special Needs Registry in the Subject field when emailing.

Applications can also be mailed to or dropped off at South Brunswick Police Headquarters

Attn: Special Needs Registry, 540 Ridge Road, Monmouth Junction, NJ 08852