

Livingston Police Department



Developmental Disability Registration Program

Please print all information with the exception of signature. Questions may be left blank if you do not wish to furnish that information. However, all of page 1, the emergency contacts on page 2 and release on page 4 must be completed.

Last name: _____ First name: _____

Home Address: _____

Home phone: _____ Cell phone: _____

Parent/Caregiver name(s): _____

Cell phone(s): _____

If non-resident, please provide name and address of employer or school in Livingston:

Contact person at employer or school and Phone number:

Description:

Date of birth: _____ Sex: M / F Height: _____ Weight:

Hair color:

Eye color:

Glasses: Yes / No

Please describe the disability (pertinent information only):

Does the registrant carry any special identification? Yes / No

If yes, how do you phrase the question for identification?

Emergency Contacts:

Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Medical:

Current medications:

Allergies:

Does registrant have seizures? Yes / No

Is registrant non-verbal? Yes / No

If non-verbal, what does he/she do to communicate with others (sign language, picture symbols, etc.)?

Is he/she sensitive to noise, light or touch? Yes / No

If sensitive, how does he/she react to the noise, light or touch?

Does registrant run away? Yes / No If yes, where might he/she run to?

Please list any triggers which may upset him/her:

Does he/she perseverate on any particular object or theme? Yes / No If so, what?

What are his/her favorite things or topics of conversation?

Any other pertinent information:

I, _____ give permission to the Township of Livingston to retain and distribute the information and photograph(s) I have provided to law enforcement and emergency personnel for the sole purpose of identification and assistance to the person at risk.

Print name: _____

Relationship to registrant: Self / Other: _____

If you are not the registrant, do you have guardianship or power of attorney for that individual? Yes / No

Signature: _____ Date: _____

**Please also supply a current photo of the registrant. This may be attached to this application or emailed to jklapal@livingstonnj.org.

For police department use:

Application accepted by: _____ Date: _____

Entered into CAD by: _____ Date: _____