The Hillsdale Police Department (HPD) in conjunction with the Access for All Committee, has created a registry for individuals with any physical disability, cognitive disability or with a sensory impairment in an effort to give police quick access in an emergency to critical information about a person who is registered. The information you provide is **confidential and will only be used by law enforcement**. The registry can provide police and emergency responders, with emergency contact information, detailed physical descriptions, medical alerts, known routines, favorite attractions or special needs of an individuals. Information regarding persons with any physical disabilities, medical conditions and limited communication skills may include those with Autism, Dementia, Alzheimer’s, Seizures, Cerebral Palsy, Down Syndrome or any other endangered individuals. This information can greatly assist police officers when time is essential in communicating and dealing with an emergency situation involving a person with a developmental disability.

The registration form asks for valuable information that police may need when helping individuals with any disability. We ask that all questions be filled out completely and a current photograph be provided. If you are unable to supply a photograph, we can take one for you.

If any information on the registration changes you are encouraged to inform us as soon as possible. This program is free to the community and another example of the partnership between the HPD, Access for All and its residents. Please contact Lt. Dan Mclaughlin at 201-664-4200 ext. 1536 or email accessforall@hillsdalepolice.com with any questions. Completed forms may be returned to our police officers, e-mailed, or taken directly to the HPD.
Hillsdale Police Department
Physical /Developmental Disability Registration Form
A registry to assist persons at risk

Please attach a recent photo to front of this form.
You can also schedule an appointment to have a photograph(s) taken at the Hillsdale Police Department. Please call 201-664-4200 ext. 1536 or email accessforall@hillsdalepolice.com

Name: ___________________________________________ DOB: __________________
Nickname (or any name that is most likely to get response)
____________________________________
Address: _____________________________________________________________________
City: ________________________________ State: __________________ Zip Code: _________
Home Phone: _______________________________ Other Phone: ______________________
Race: __________________ Sex: __________ Height: _______________ Weight: _____
Hair Color: ___________________________________ How Worn: _______________________
Eye color: ___________________ Complexion: ______________________________________
Facial Hair: ___________________ Scars or identifying marks: _______________________

School/ Employer: _____________________________________________________________

Method of communication, if non-verbal: sign language, picture boards, written words, etc.: _

Identification worn: e.g. Jewelry/Medic Alert, clothing tags, ID card, tracking monitor, etc:

Emergency Contact Information for Medical Alert, Clothing Tags, ID card, tracking monitor, etc:

______________________________________________________________________________
Hillsdale Police Department
Physical /Developmental Disability Registration Form
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Inclination of wandering or characteristic that may attract: ________________________________
______________________________________________________________________________

Favorite attractions and locations person may be found: ________________________________
______________________________________________________________________________

Best methods of approach (include approach and de-escalation techniques): _______________
______________________________________________________________________________

Life threatening medical concerns:
______________________________________________________________________________

Any other relevant information:
______________________________________________________________________________
______________________________________________________________________________

Information that will generate a positive response:
______________________________________________________________________________

Information or items that will be of comfort or will make the party more comfortable (toy, item,
food, etc)______________________________________________________________________

Information such as what NOT to do should include: bright lights, noises, direct eye contact,
etc.;
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
Hillsdale Police Department

Physical /Developmental Disability Registration Form

A registry to assist persons at risk

Contact Information

Primary Emergency Contact:

NAME: _______________________________________________________________________________
Address: ______________________________________________________________________________
Home Phone: _____________________________________________________________________________
Work Address: __________________________________________________________________________
Work Phone: _____________________________________________________________________________
Alternate Phone: _________________________________________________________________________
Date of Birth: ___________________________________________________________________________
Gender: ________________________________________________________________________________
Relationship: __________________________________________________________________________
Email: ________________________________________________________________________________

Secondary Emergency Contact:

NAME: _______________________________________________________________________________
Address: ______________________________________________________________________________
Home Phone: _____________________________________________________________________________
Work Address: __________________________________________________________________________
Work Phone: _____________________________________________________________________________
Alternate Phone: _________________________________________________________________________
Date of Birth: ___________________________________________________________________________
Gender: ________________________________________________________________________________
Relationship: __________________________________________________________________________
Hillsdale Police Department

Physical /Developmental Disability Registration Form
A registry to assist persons at risk

Please feel free to add any additional information that you feel may be helpful.

_____________________________________________________________________________________
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