



# ***PALM BEACH GARDENS POLICE DEPARTMENT***

**10500 N. Military Trail, Palm Beach Gardens, FL 33410**

## **SPECIAL NEEDS REGISTRY**

**New Registration**

**Updated Registration**

### ***Personal Information for Individual with Special Needs***

Name: \_\_\_\_\_  
(First, Middle, Last)

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Gender (Male, Female, or Other): \_\_\_\_\_ Race: \_\_\_\_\_

Date of Birth (mm/dd/yyyy): \_\_\_\_\_

Hair color: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Weight: \_\_\_\_\_

Driver's License/ID #: \_\_\_\_\_

Vehicle Make/Model: \_\_\_\_\_ License Plate/State: \_\_\_\_\_ / \_\_\_\_\_

Scars/Birthmarks/Tattoos:  
\_\_\_\_\_  
\_\_\_\_\_

Places frequented by registrant:  
\_\_\_\_\_  
\_\_\_\_\_

 Please provide a current photograph of the registrant to Police Records.

### **For Office Use Only**

Date Received: \_\_\_\_\_

Agency Applied #: \_\_\_\_\_



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## **Personal Information for Primary Parent/Guardian Completing Form**

Contact Name: \_\_\_\_\_  
(First, Middle, Last)

Relationship to Registrant: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

## **Additional Parent, Guardian, or Emergency Contact**

Contact Name: \_\_\_\_\_  
(First, Middle, Last)

Relationship to Registrant: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

## **Additional Caretaker, Guardian, or Emergency Contact**

Contact Name: \_\_\_\_\_  
(First, Middle, Last)

Relationship to Registrant: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_



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## **Special Need / Disability**

Primary Diagnosis: \_\_\_\_\_

Co-Existing Diagnosis: \_\_\_\_\_

Please check all conditions or circumstances that apply:

- |  |  |
|--|--|
| <input type="checkbox"/> ADHD                        | <input type="checkbox"/> Mentally/Memory Impaired      |
| <input type="checkbox"/> Aggressive with Police/Fire | <input type="checkbox"/> Mobility Issues               |
| <input type="checkbox"/> Asthma                      | <input type="checkbox"/> Oppositional Defiant Disorder |
| <input type="checkbox"/> Autism                      | <input type="checkbox"/> PTSD                          |
| <input type="checkbox"/> Bi-Polar                    | <input type="checkbox"/> Seizures                      |
| <input type="checkbox"/> Down Syndrome               | <input type="checkbox"/> Sensory Issues                |
| <input type="checkbox"/> Epilepsy                    | <input type="checkbox"/> Speech Impairments            |
| <input type="checkbox"/> Hearing Impairment          | <input type="checkbox"/> Traumatic Brain Injury        |
| <input type="checkbox"/> History of Baker Act        | <input type="checkbox"/> Visual Impairment             |

Any additional conditions not listed above:

\_\_\_\_\_

\_\_\_\_\_

If nonverbal, how does the registrant communicate (e.g. pictures or devices):

\_\_\_\_\_

\_\_\_\_\_

Any items or actions that would cause the registrant to become agitated:

\_\_\_\_\_

\_\_\_\_\_

Any items or actions that would help the registrant to become calm:

\_\_\_\_\_

\_\_\_\_\_

Any other additional information about the registrant not listed above:

\_\_\_\_\_

\_\_\_\_\_



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## **PLEASE READ AND INITIAL**

I am the lawful and legal parent and/or guardian of the person with special needs listed in this safety roster. \_\_\_\_\_ (Initial)  Relationship: \_\_\_\_\_

I understand the information provided to the Palm Beach Gardens Police Department is for law enforcement personnel to have all the necessary information to better handle a situation, and some information may be subject to public records laws; ***however, special needs are protected under FSS 252.355(5) and will be redacted when necessary.*** \_\_\_\_\_ (Initial)

## **RELEASE OF INFORMATION**

I, hereby give my permission for the Palm Beach Gardens Police Department to retain and distribute the information contained in this registration form to other first responder personnel for the sole purpose of identification and protection of the person identified above in an emergency or crisis situation.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



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## **Special Needs Registry**

### **Frequently Asked Questions**

(Please keep this section for your records)

#### ***What is the Special Needs Registry?***

The Special Needs Registry is an initiative of the Palm Beach Gardens Police Department. Its purpose is to compile and maintain information for individuals who have special needs due to mental or neurological disabilities and who may reside or frequently visit the City of Palm Beach Gardens. Residents are invited to proactively provide information about a loved one with special needs of any age or who may require special assistance in an emergency or interaction with Palm Beach Gardens Police Officers. The registration is **completely voluntary**.

#### ***Who is eligible?***

The registry has been developed with the intent to serve all members (adult or juvenile) of our community or people who frequent our community who have a special need and want to register with the Palm Beach Gardens Police Department.

#### ***As soon as I register, will the information be immediately available in case a police response is required?***

No. The registration form will need to be entered in order to capture all relevant information. The process may take up to two (2) weeks to be fully processed.

#### ***Who has access to this profile?***

Palm Beach Gardens Police personnel who require this information in the performance of their duties will have access to the information. There are strict regulations with respect to accessing and disseminating information. The sharing of this information with other police agencies during an emergency can be helpful when a person is registered in Palm Beach Gardens but requires police assistance in another jurisdiction.



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## **Frequently Asked Questions Continued**

(Please keep this section for your records)

### ***Can I update the registrant's profile if there are changes? How do I do that?***

You may, however, only information that has a significant impact on policing response will be necessary. Some examples would include a change in address, school, or emergency contact. You do not need to report a change in hair cut or color, for example, as the police are familiar with the changes that can be made and are more likely to notice height, weight, and eye color. Please make changes on a new registry form and deliver it to the Police Department lobby. You may also update the registrant's photo anytime by emailing it to [policerecords@pbgfl.com](mailto:policerecords@pbgfl.com).

### ***If after my child/dependent adult is registered and there is an incident, do I need to do something to notify the police?***

It is preferable that you let the police know the individual is already registered. In doing so, the information will be immediately disseminated to responding police officers without having to ask the parents/guardians during a high stress situation.

### ***How will this registry help if my child/dependent adult goes missing?***

If the individual goes missing and is reported by the parent/guardian, information about his/her physical appearance, the most likely places where he/she would go to, as well as triggers, stimulants, and de-escalation techniques will be sent to every police officer in the area to look for the missing person. If the individual has not been reported and is incapable of effectively communicating his/her name to an officer, a computer check of the neighborhood, coupled with the physical appearance, may allow the police to identify the individual more quickly. This will then allow us to use the contact information to quickly connect with the parents/guardians.

### ***Who do I contact for additional information?***

For any additional questions or assistance with this program, please contact the Palm Beach Gardens Police Department Community Involvement Unit at (561) 799-4445.