



City of Peekskill Police Department



SPECIAL NEEDS REGISTRY QUESTIONNAIRE

If you are interested in participating in this program to assist our Officers in the event that they have an interaction with a special needs family member, please complete this questionnaire (Fillable form) and either email to SNRegistry@Peekskillpolice.com or mail it to or drop it off at the main lobby of the Police Station (2 Nelson Ave. Peekskill, NY 10566)

1. Name of your loved one: _____

2. What is the address where your loved one spends the majority of their time? _____

3. Does your loved one go by a nick name? If so, what? _____

4. Date of birth and age of the registered person: _____

5. Diagnosis of the registered person: _____

6. List all pertinent names and phone numbers officers may need when dealing with your loved one. _____

7. Physical description of the registered person (Please include recent photo):

Height: _____ Weight: _____

Hair Color: _____ Eye Color: _____

Race: _____ Gender: _____

Ethnicity: _____ Glasses: YES NO

Other helpful descriptive details: (Scar, limp etc.) _____

8. Is there a special interest (outside of their residence) that your loved one is drawn to? (For example: trains, water, woods, parks, malls, traffic, etc.). _____

9. Has your loved one ever ran away or been reported as missing? If so, where was he/she found? _____

10. Is the registered person verbal or non-verbal? Explain in detail. _____

11. Does the registered person fear Police or Fire-EMS personnel or emergency vehicles?
Explain in detail. _____

12. Name of care givers, parents, grandparents or other family members involved in your loved one's life:

13. If your loved one becomes confrontational, how could Officers or Rescue Personnel calm them without your presence? _____

14. Does your loved one have any triggers i.e.: lights, sirens, loud radio noise? _____

15. Please explain in detail any other important information that we may need to know that might assist us in not triggering a violent response from your loved one: _____

16. Are you willing to allow the Peekskill Police Department to place your address and the information of your loved one's needs into the system to insure that officers are better prepared to handle the situation? _____



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Release Waiver

I, _____ give permission to the Peekskill Police Department to release any and all pertinent information related to the care or well-being of _____ to other Peekskill Police Department Officers via dispatch communications. I realize this information may be released to other agencies via the dispatch communications such as Fire Department and Emergency Medical Services.

Signature _____ Date _____