



HOLLISTER POLICE

Integrity, Professionalism, Respect, Commitment, Accountability

Carlos Reynoso, Chief of Police

SPECIAL NEEDS REGISTRY

The Hollister Police Department's Special Needs Registry is a voluntary service open to all citizens with disabilities who reside, attend school, or are employed in Hollister. The registry was created to help police officers and other emergency service personnel to better assist residents with special needs in the event of an emergency by providing those first responders with vital information regarding a registrant's disability, emergency contact information, physical description, and current photograph.

REGISTRANT'S PERSONAL INFORMATION:

NAME: _____ NICKNAME: _____
(FIRST, MIDDLE, LAST)
DRIVER'S LICENSE/IDENTIFICATION CARD#: _____ STATE ISSUED: _____
ADDRESS: _____ CITY/STATE/ZIP: _____
HOME PHONE#: _____ CELL PHONE#: _____

REGISTRANT'S PHYSICAL DESCRIPTION:

SEX: MALE FEMALE OTHER DOB: _____ AGE: _____ RACE: _____
HAIR COLOR: _____ EYE COLOR: _____ HEIGHT: _____ WEIGHT: _____
HAIR LENGTH: _____ FACIAL HAIR: _____
SCARS/MARKS/TATTOOS/PIERCINGS: _____
OTHER PHYSICAL FEATURES: _____

REGISTRANT'S VEHICLE INFORMATION:

DOES THE REGISTRANT OWN OR FREQUENTLY DRIVE A VEHICLE?: YES NO
VEHICLE'S YEAR/MAKE/MODEL: _____
VEHICLE'S LICENSE PLATE#: _____ LICENSE PLATE STATE: _____

REGISTRANT'S SCHOOL/DAY PROGRAM/EMPLOYMENT INFORMATION:

DOES THE REGISTRANT ATTEND SCHOOL, DAY PROGRAM, OR ARE THEY EMPLOYED: YES NO
NAME OF SCHOOL/DAY PROGRAM/EMPLOYER: _____
SCHOOL/DAY PROGRAM/EMPLOYER ADDRESS: _____
TEACHER/CASE MANAGER: _____ PHONE#: _____



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REGISTRANT'S COMMUNICATION:

METHOD OF COMMUNICATION:

- AUGMENTATIVE ALTERNATIVE COMMUNICATION (AAC) NON-SPEAKING SPOKEN LANGUAGE: _____
 SIGN-LANGUAGE WRITTEN

WHAT TYPE OF AUGMENTATIVE/SPEECH ASSISTANCE DEVICE DOES THE REGISTRANT USE? : _____

WHAT TYPE OF SIGN LANGUAGE DOES THE REGISTRANT USE? : _____

WHAT LANGUAGE(S) DOES THE REGISTRANT SPEAK OR UNDERSTAND? : _____

REGISTRANT'S SPECIAL NEEDS/DISABILITY:

WHAT IS THE REGISTRANT'S SPECIAL NEED? (MAY SELECT MORE THAN ONE):

- | | |
|--|--|
| <input type="checkbox"/> ALZHEIMER'S/DEMENTIA | <input type="checkbox"/> INTELLECTUAL DISABILITY(ID) |
| <input type="checkbox"/> AUTISM SPECTRUM DISORDER | <input type="checkbox"/> PTSD (POST-TRAUMATIC STRESS DISORDER) |
| <input type="checkbox"/> DOWN SYNDROME | <input type="checkbox"/> BLIND/VISION IMPAIRMENT |
| <input type="checkbox"/> EPILEPSY | <input type="checkbox"/> TRAUMATIC BRAIN INJURY (TBI) |
| <input type="checkbox"/> DEAF/HARD OF HEARING, OR OTHER HEARING IMPAIRMENT | <input type="checkbox"/> OTHER: _____ |

ANY TRIGGERS WHICH AFFECT THE REGISTRANT? : _____

ANY CALMING METHODS USED FOR THE REGISTRANT? : _____

DOES THE REGISTRANT FREQUENT/GRAVITATE TO WATER, PLAYGROUNDS, ETC.? : YES NO

DOES THE REGISTRANT HAVE SERVICES WITH SAN ANDREAS REGIONAL CENTER (SARC)? : YES NO

NAME OF SOCIAL WORKER/CASE WORKER: _____

SOCIAL WORKER/CASE WORKER AGENCY: _____ PHONE #: _____

SOCIAL WORKER/CASE WORKER EMAIL: _____

ANY OTHER INFORMATION THAT MAY BE IMPORTANT? : _____



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REGISTRANT'S MEDICAL INFORMATION:

PRIMARY MEDICAL DOCTOR NAME/GROUP: _____

PRIMARY MEDICAL DOCTOR NAME/GROUP PHONE #: _____

MEDICATIONS: _____

EMERGENCY CONTACT INFORMATION:

PRIMARY CONTACT: _____
(FIRST & LAST)

RELATIONSHIP TO REGISTRANT: _____ LEGAL GUARDIAN: YES NO

ADDRESS: _____ CITY/STATE/ZIP: _____

HOME PHONE#: _____ CELL PHONE#: _____

CONSERVED: YES NO CONSERVATOR'S NAME: _____
(FIRST & LAST)

ADDRESS: _____ CITY/STATE/ZIP: _____

HOME PHONE#: _____ CELL PHONE#: _____

ADDITIONAL CONTACT: _____
(FIRST & LAST)

RELATIONSHIP TO REGISTRANT: _____ LEGAL GUARDIAN: YES NO

ADDRESS: _____ CITY/STATE/ZIP: _____

HOME PHONE#: _____ CELL PHONE#: _____

REGISTRANT PHOTOGRAPH:

PLEASE ATTACH PHOTOGRAPH OF THE REGISTRANT TO THIS REGISTRATION FORM

Photographs of the registrant individual can be critical in assisting first responders in an emergency. We recommend attaching multiple photographs to this application. We request that photographs and physical description be updated annually, especially if the registrant is a child or teenager.



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ACKNOWLEDGMENT:

I acknowledge that by checking the box below that the information being provided is truthful, current, and valid and that I am authorized to submit it on my own behalf or as the legal guardian with authority to submit it on behalf of another. I also understand that any false statements or deliberate misinformation on this form may subject me to legal or criminal actions. I further understand that by enrolling myself or someone else in the Hollister Police Department Special Needs Registry that the personal information entered may be used by emergency personnel, 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. I also acknowledge that it will be my responsibility to keep the information on the registry up-to-date.

I further acknowledge and understand that, under emergency situations, the Hollister Police Department may need to provide information to other public safety personnel over the police radio and thereby the Hollister Police Department does not and cannot guarantee the confidentiality of information provided on this form. I hereby waive any and all claims against the Hollister Police Department and its personnel for the intentional or unintentional release of said information to any third party. Unlawful and intentional disclosure of any private information on these forms by HPD personnel can be a violation of HPD policy Section 341.5.6(a).

It is further understood that completion of this form and participation in the Hollister Police Department 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. Use of the Hollister Police Department Special Needs Registry constitutes acknowledgement and acceptance of these limitations and disclaimers.

I understand the above disclaimer (Required)

INITIAL

SIGNATURE OF THE PERSON COMPLETING THE FORM

DATE

PRINT NAME

STATE ID #

OFFICE USE ONLY:

REVIEWED BY: NAME: _____ SIGNATURE: _____ DATE: _____

ENTERED INTO TRACNET BY: _____ DATE: _____

UPDATED BY: _____ DATE: _____

UPDATED BY: _____ DATE: _____

ADDITIONAL INFORMATION:

PLEASE ATTACH ADDITIONAL PAGES, IF NEEDED