



James D. Carroll  
Chief of Police

# Town of New Castle Police Department

200 S. Greeley Avenue  
Chappaqua, New York 10514  
(914) 238-4422  
Fax (914) 238-2538



## **Special Needs Registry**

### **What is the New Castle Police Department's Special Needs Registry?**

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

### **How to register**

To register for the Special Needs Registry, complete the Special Needs Registry Form and turn it in to the New Castle Police Department. We recommended that a photograph of the person with special needs is included with the Special Needs Registry Form. Parents and caregivers may enroll a person of any age with any type of medical condition or disability, including but not limited to: Autism Spectrum Disorder, Alzheimer's or Dementia, Bipolar Disorder, and Down Syndrome. Adults with special needs may also enroll themselves.

### **What happens once the person is registered?**

When a Police Officer has contact with the person on this form, our Desk Officer can provide us with the information needed to successfully interact and communicate with your loved one and provide us with your contact information.



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## Special Needs Registry

### Contact Information

*Person with Special Needs:*

First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Race: \_\_\_\_\_

Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Scars/Birthmarks/Tattoos:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Attached Photograph?**      Yes      No

### Residence Information

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

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

### Parent or Guardian Information

#### First Parent or Guardian

Name: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

#### Second Parent or Guardian

Name: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Place of Employment: \_\_\_\_\_



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## Special Needs Registry

### Emergency Contact Information

#### First Emergency Contact

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

#### Second Emergency Contact

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

### Disability/ Special Need

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

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

Notes: \_\_\_\_\_

**Communication:** Please share any information that will help us communicate with your child/relative. If nonverbal what might be the best method to communicate; sign language, picture boards, or written word:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Identification:** Does your child/relative wear or carry any identification that we should be aware of. For example: Jewelry, Project Lifesaver bracelet, clothing tags, ID card, tracking monitor, if any: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Triggers or Aversions:** Sensory, medical, or other issues and requirements that you feel first responders should be aware of, if any: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_



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## Special Needs Registry

**Wandering:** Please let us know if your child/relative has an inclination for wandering behaviors or characteristics that may attract his or her attention: \_\_\_\_\_

\_\_\_\_\_

**Locations:** Favorite attractions and locations where you think your child/relative may be found if missing:

\_\_\_\_\_

**Approach and De-Escalation:** Please let us know of your child/relative's likes, dislikes and techniques that might be successful in approaching your child or de-escalating a situation: \_\_\_\_\_

\_\_\_\_\_

### **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:

\_\_\_\_\_  
Initials

Relationship \_\_\_\_\_

I understand the information provided to the New Castle Police Department is for law enforcement to have all the necessary information to better handle a situation, and that information may be subject to Freedom of Information Law - **however, special needs are protected under HIPPA laws and will be redacted when necessary**

\_\_\_\_\_  
Initials

### **RELEASE OF INFORMATION**

I, hereby give my permission for the New Castle 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: \_\_\_\_\_



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## **Special Needs Registry – Frequently Asked Questions**

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

The Special Needs Registry is an initiative of the New Castle Police Department. Its purpose is to compile and maintain a list of individuals with "special needs" due to mental or neurological disabilities who may reside or frequently visit the Town of Harrison. Residents are invited to proactively provide information about a loved one with special needs of any age who may require special assistance in an emergency or interaction with New Castle Police Officers. The registration is voluntary.

### **Who is eligible?**

The registry has been developed to serve all members (adult or juvenile) of our community or people who frequent our community who have a "special need".

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

No, the information on the registration form will need to be entered into our records management system. The process may take up to a week to be fully processed.

### **Who has access to my child's profile?**

New Castle Police personnel in the performance of their duties will have access to the information. There are strict regulations for accessing and disseminating information. The sharing of this information with other police agencies during an emergency can be helpful when a person is registered but wanders off to another jurisdiction.

### **Can I update my profile if there are changes? How do I do that?**

You may. Only information that has a significant impact on police response will be necessary to update. 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. Changes can be made on a new registry form.

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

You should let the police know that the individual is already registered. In doing so, the information will be immediately shared before having to ask the parents/guardians during a high-stress situation.

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

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