



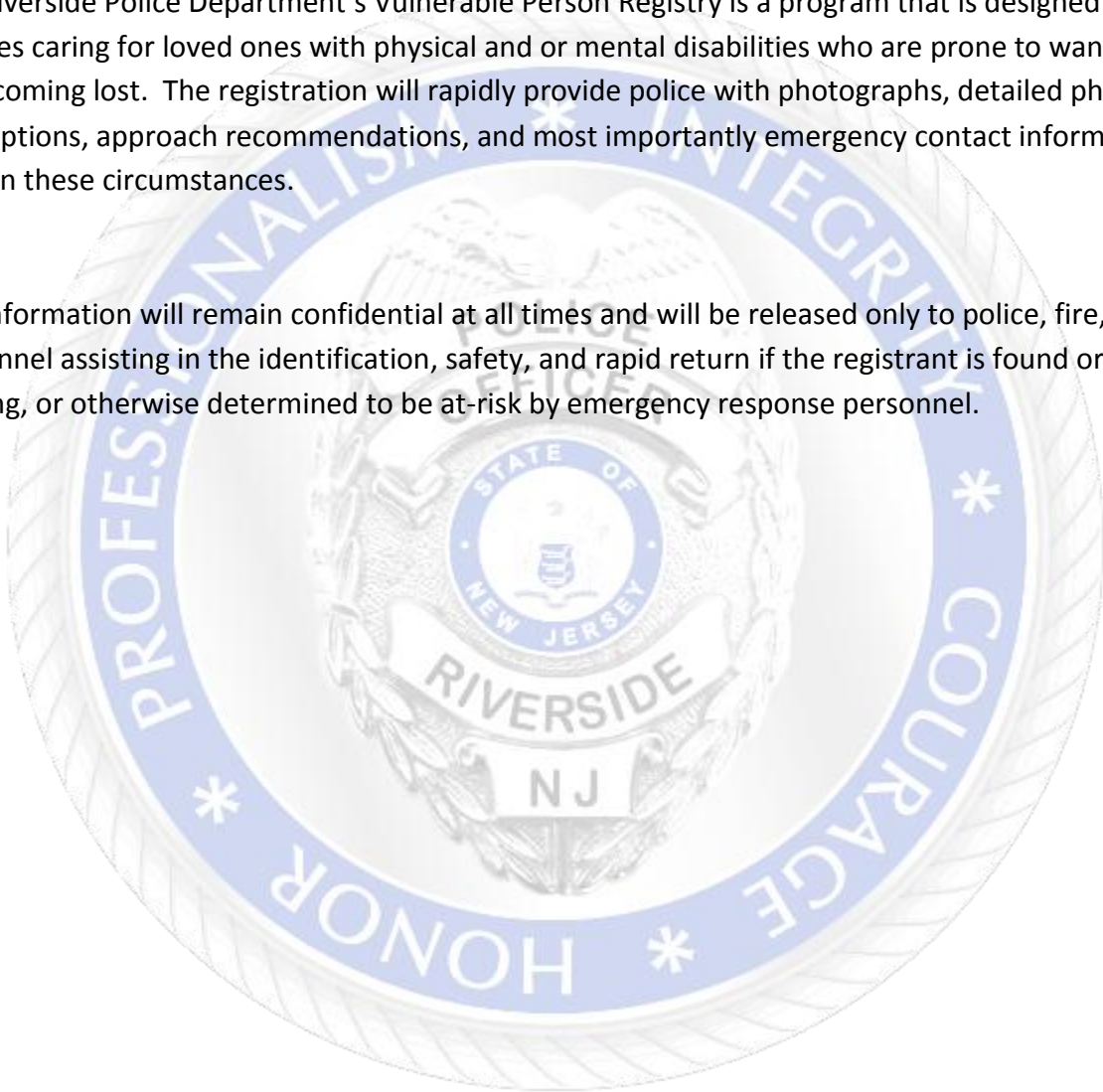
*Riverside Township Police*  
*1 West Scott Street*  
*Riverside, NJ 08075*  
*(856) 461-8820*



### **Vulnerable Person Registry**

The Riverside Police Department's Vulnerable Person Registry is a program that is designed to support families caring for loved ones with physical and or mental disabilities who are prone to wandering and or becoming lost. The registration will rapidly provide police with photographs, detailed physical descriptions, approach recommendations, and most importantly emergency contact information to be used in these circumstances.

The information will remain confidential at all times and will be released only to police, fire, or medical personnel assisting in the identification, safety, and rapid return if the registrant is found or reported missing, or otherwise determined to be at-risk by emergency response personnel.





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**Vulnerable Person Registration**

**Photo**

(Additional Photos May Be Added On Back)

**Section I. PERSONAL**

Full Name: _____			
Last Name	First Name	Middle Name	
Name to Call Me: _____			
Date of Birth: _____		Age: _____	Sex: _____
Month	Day	Year	
Height: _____	Weight: _____	Eye Color: _____	Hair Color: _____
Scars/Marks/Tattoos: _____			
Current Home Address: _____			
Home Phone: _____ Cell: _____ Work/School/Program: _____ Other: _____			
Work/School/Program Address: _____			
Email Address(es): _____			
Vehicle: _____			
Make	Model	Color	Registration

**DIAGNOSIS/DISABILITY (Check all that apply)**

ADHD		Down Syndrome	
Alzheimer's		Epilepsy/Seizures	
Autism/Aspergers		Intellectual Disability	
Blind/Low Vision		Mental Illness	
Brain Injury		Other Brain Illness	
Cerebral Palsy		Other Developmental Disability	
Deaf/Low Hearing		Other Mental Disability	
Dementia		Physical Disability	
Diabetic		Other	

**Section II. Emergency Contacts**

In order of most likely to be contacted.

List the names of THREE emergency contacts.

Name Address Phone Number

Cell Phone E-Mail

Name Address Phone Number

Cell Phone E-Mail

Name Address Phone Number

Cell Phone E-Mail

**Section III. Communication Method**

Please check all that apply.

Assisted Communication Device		Verbal	
Hearing Difficulty		Picture Communication System	
Language Other Than English		Sign Language ASL	
Non-Communicative		Speech Difficulty	
Non-Verbal		Other	

If other, give details.

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Inclination for wandering or characteristics that may attract:

Favorite Attractions and locations Where Person May be Found:

Life Threatening Concerns:

Spoken Languages

Medical/Psych Issues

Commonly Worn Items

Approach Suggestions/De-escalation Techniques

Noted Behaviors

Any Other Relevant Information:

Such as favorite toys, names most likely to generate a positive response, reinforcers used, avoid physical/eye contact, bright lights, loud noises etc.

**Section IV. Special Considerations**

**Please check all that apply.**

<b>Combative</b>	<input type="checkbox"/>	<b>Combative if Restrained</b>	<input type="checkbox"/>
<b>Disrobes/Prefers Nudity</b>	<input type="checkbox"/>	<b>Fear of Dogs</b>	<input type="checkbox"/>
<b>Hugs</b>	<input type="checkbox"/>	<b>Light Sensitive</b>	<input type="checkbox"/>
<b>Noise Sensitive</b>	<input type="checkbox"/>	<b>Paranoid</b>	<input type="checkbox"/>
<b>Repeats Phrases</b>	<input type="checkbox"/>	<b>Run Tendency</b>	<input type="checkbox"/>
<b>Self Stimulation Behavior</b>	<input type="checkbox"/>	<b>Sensitive to Stimulation</b>	<input type="checkbox"/>
<b>Stranger Unresponsive</b>	<input type="checkbox"/>	<b>Touch Sensitive</b>	<input type="checkbox"/>
<b>Water Attracted</b>	<input type="checkbox"/>	<b>Other</b>	<input type="checkbox"/>

If other, give details.

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I acknowledge that I have voluntarily provided this information for entry into the Riverside Police Department's Vulnerable Person Registry with the understanding it will remain confidential at all times and be released only to police, fire, or medical personnel assisting in the identification, safety, and return of this person if found or reported missing, or otherwise determined to be at-risk by emergency response personnel.

I further acknowledge that I have the legal authority to enter the registrant and named on this form into the Vulnerable Person Registry maintained by the Riverside Police Department.

Printed Name

Relationship

Signature

Date