



Introducing the Sussex County Special Needs Registry

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

Information about a SNR registrant shall be kept strictly confidential.

All registrants will be issued window decals to be placed prominently on the front entrance of their residence as well as on their personal vehicle. The presence of the SNR decal should signify that someone in the residence/vehicle has some degree of special need and first responders should respond accordingly.



**SNR window decal
logo (not actual size)**

The Sussex County Special Needs Registry is a joint collaboration between the Sussex County Prosecutor's Office, the Sussex County Sheriff's Office, and the Sussex County Police Chiefs Association.



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www.sussex.nj.us

Registration Form



**Sussex County
Special Needs Registry**

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First Name (Required) _____ Middle Initial _____
Last Name (Required) _____ Nickname (If Any) _____
Home Address (Required) _____
City, State, and Zip (Required) _____
Town for Special Needs Registration Information (Required) _____
Driver's License Number _____ Driver's License (State) _____
Email Address _____
Home Phone Number _____ Cell Phone Number (Required) _____

Emergency Contact Information

First Name (Required) _____ Last Name (Required) _____
Address _____
City _____ State _____ Zip _____
Home Phone Number _____ Cell Phone Number (Required) _____
Relationship to registrant (Required) _____

Is this person a Legal Guardian of the registrant? Yes No

Additional Emergency Contact? Yes No - If No, skip to next section

First Name (Required) _____ Last Name (Required) _____
Address _____
City _____ State _____ Zip _____
Home Phone Number _____ Cell Phone Number (Required) _____
Relationship to registrant (Required) _____

Is this person a Legal Guardian of the registrant? Yes No

Registered Vehicles

Does the registrant own or frequently use drive a vehicle? Yes No

Vehicle Plate State _____ Vehicle Plate Number _____

Person Filling Out the Form (If Different from Above)

First Name _____ Last Name _____

Relationship to Registrant _____

Registrant Identifiers

Date of Birth (Required) _____ Gender (Required) Male Female Other

Height (Required) (ft) _____ (inches) _____ Weight (Required) (lbs) _____

Race (Required) _____ Complexion (Required) _____

Build (Required) _____ Hair Color (Required) _____ Eye Color (Required) _____

Corrective Lenses: Contact Lenses Eye Glasses Prescription Sunglasses

Corrective Prescription Information: _____

Description of Eye Glasses: _____

Scars/Piercings/Tattoos/Marks (eg: Tattoo of heart on right forearm): _____

Communication

Method of Communication (Required)

Augmentative Speech/
Speech Assistance Device Non-Verbal Verbal Sign Language Written

What type of Augmentative/Speech Assistant Device does the registrant use? _____

What type of sign language does the registrant use? _____

What language(s) does the registrant speak or understand? (Required) _____

Registrant School / Employment Information

Does the Registrant attend school or are they employed? (Required) Yes No

Name of School/Employer _____

School/Employer Address _____

School/Employer City, State, and Zip _____

School/Employer Phone Number _____ Contact _____

Please attach or list additional Schools/Employers to the additional information area

Acknowledgement

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 further understand that by enrolling myself or someone else in Sussex County Special Needs Registry that the personal information entered may be used by emergency medical services, 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.

It is further understood that completion of this form and participation in the Sussex County 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 Sussex County Special Needs Registry constitutes acknowledgement and acceptance of these limitations and disclaimers.

I understand the above disclaimer Yes

(Signature of person filling out the form)

(Print Name)

(Date)

SUBMIT

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