



## 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](http://www.sussex.nj.us)

**Registration Form****Sussex County  
Special Needs Registry**

The Sussex County Special Needs Registry is a voluntary Service open to all citizens with disabilities 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 disability, contact information, physical description, and current photograph.

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

## Special Needs

What is the registrant's special need? (Required) (You may select more than one)

- |  |  |
|--|--|
| <input type="checkbox"/> Alzheimer's/Dementia            | <input type="checkbox"/> Mobility Impairment Other                   |
| <input type="checkbox"/> Autism Spectrum Disorder        | <input type="checkbox"/> Project Life Saver                          |
| <input type="checkbox"/> Diabetes/Hyperglycemia (Type__) | <input type="checkbox"/> PTSD  |
| <input type="checkbox"/> Dialysis                        | <input type="checkbox"/> Service Animal                              |
| <input type="checkbox"/> Down Syndrome                   | <input type="checkbox"/> Sight Impairment/Blind                      |
| <input type="checkbox"/> Epilepsy                        | <input type="checkbox"/> Speech Impairment                           |
| <input type="checkbox"/> Oxygen Dependent                | <input type="checkbox"/> Electricity Dependent                       |
| <input type="checkbox"/> Project Life Saver              | <input type="checkbox"/> Hard of hearing/Deaf                        |
| <input type="checkbox"/> PTSD                            | <input type="checkbox"/> I/DD- Intellectual/Developmental Disability |
| <input type="checkbox"/> Obese                           | <input type="checkbox"/> Life Alert                                  |
| <input type="checkbox"/> Oxygen Dependent                | <input type="checkbox"/> Other _____                                 |
| <input type="checkbox"/> Mobility Impairment: Crutches   |  |
| <input type="checkbox"/> Mobility Impairment: Wheelchair |  |
| <input type="checkbox"/> Mental Illness                  |  |

Describe any of the registrant's life-threatening medical concerns: (eg. Food or medicine allergies, seizures, etc) \_\_\_\_\_

Does the registrant use an Epi-pen? (If yes, please give location where it is stored) ☐ Yes ☐ No

\_\_\_\_\_

Ant triggers which affect the registrant? (i.e. Loud noises, Bright Lights) \_\_\_\_\_

\_\_\_\_\_

Any Calming Methods used for the Registrant? \_\_\_\_\_

\_\_\_\_\_

Does the registrant frequent/gravitate to water, playgrounds, etc.? (If yes, give location) ☐ Yes ☐ No

\_\_\_\_\_

What products/equipment and with what vendor does the registrant have from Life Alert/Project Life Saver? (e.g. pendant, wristband, mobile app, push help button, etc.) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Registrant Pictures

**Attach by paper clip as many pictures of the Registrant as you feel necessary.**

**If filling out online, please upload the pictures or email them with the application to [SNR@scpo.sussex.nj.us](mailto:SNR@scpo.sussex.nj.us).**

Photographs of the registered individual can be critical in assisting first responders in an emergency.

We recommend attaching multiple photographs to this application. It is recommended that photographs and physical descriptions be updated annually, especially if the registrant is a child or teenager. Updates can be made by submitting a registration form online or contacting a local SNR Liaison.

**Use the area below for any additional information**

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

## 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**

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.



The goal of the Special Needs Registry is to ensure all Sussex County residents who may be in need of special assistance are able to get the help and support they need in a time of emergency or during interaction with Law Enforcement, Fire or EMS personnel.



**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.**



Each registrant will be provided with 2 different sized window decals that can be placed on the front entrance of the registrant's residence as well as on the window of any vehicle in which they regularly travel. The presence of the SNR decal signifies to first responders that someone in the residence/vehicle has some degree of special need and that they should respond accordingly. The use of the decals is voluntary.

For further info call:  
**973-383-1570**  
or contact your local police department

# SUSSEX COUNTY SPECIAL NEEDS REGISTRY



## PROTECTING & SERVING ALL

[www.sussex.nj.us](http://www.sussex.nj.us)

## Is there a cost to register?

No, there is no cost to register.

## Who is eligible to register?

The registry is open to any person who lives, works, or goes to school in Sussex County and has a physical or mental impairment that substantially limits one or more major life activities due to a physical and/or intellectual disability.

**All information provided on the registry will remain strictly confidential and will only be utilized by first responders during times of emergency.**



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## How does someone register?

The registrant's information can be easily inputted to the registry by completing an online application via our secure website:

**[www.sussex.nj.us](http://www.sussex.nj.us)**

## What information is necessary to register someone?

The information requested to register someone on the Special Needs Registry includes the registrant's personal identifiers such as their name, address, date of birth, height, weight, their emergency contact information, some details about their special needs and a recent photo. The registrant can also elect to provide some additional information about themselves such as their blood type, their prescribed medications and contact information for their treating physicians.