



Tenafly Police Department Special Needs Database Registration Form



Last Name: _____ First Name: _____ MI: _____

Gender: M / F Race: _____ Complexion: _____ Height: _____ Weight: _____

Eye Color: _____ Hair Color: _____ Scars, Marks or Tattoos and Locations: _____

Street Address: _____

Phone #: (____) _____ Date of Birth: ____/____/____ Nickname (if any): _____

Medical Condition(s):

Is Person Restricted to Particular Location in the Home? _____ If so, where? (i.e.: 1st floor bedroom, etc)

Are House Keys on File at Police HQ? Yes: _____ No: _____

Other Special Need Information (i.e.: must be on oxygen, wears insulin pump, etc) _____

Critical Medications: _____

Medical ID Bracelet? Y / N If Yes, where is it worn? _____

Is individual ambulatory? _____ Need a wheelchair? _____ Walker? _____ Cane? _____ Other: _____

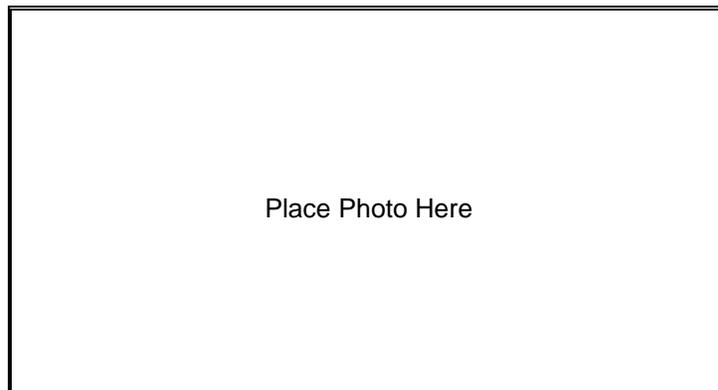
Is Person Blind? _____ Deaf? _____ Can individual communicate without assistance? _____

Treating Physician(s) Name, Address & Phone Number(s): _____

Language(s) Spoken: _____ Any Speech Disorder? If Yes, explain: _____

Any Cognitive Impairment, Alzheimer's or Other Neurological Impairment? If Yes, explain: _____

Any Possible Destination: _____



Place Photo Here

Vehicle Description(s) (if necessary)

If this individual owns/operates a motor vehicle(s), please list information below:

Vehicle Make, Model & Color: _____ License Plate: _____ State: _____

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Local Emergency Contact Person #1

1. Name: _____ Address: _____

City: _____ State: _____ Zip: _____ Relationship: _____

Home Ph #: _____ Work #: _____ Cell: _____ Email: _____

Contact Person's Local Police Department Name & Ph # (for emergency contact if needed):

Local Emergency Contact Person #2

2. Name: _____ Address: _____

City: _____ State: _____ Zip: _____ Relationship: _____

Home Ph #: _____ Work #: _____ Cell: _____ Email: _____

Contact Person's Local Police Department Name & Ph # (for emergency contact if needed):

Form completed by: Last Name: _____ First Name: _____

Relationship to Registrant if not Self: _____

Address: _____ City: _____ State : _____ & Zip Code: _____

Signature of Registrant (if possible): _____ Date (if possible): _____

Signature of Person Completing Form: _____ Date: _____

Please use a separate sheet to list any additional comments or information

This Form can be Returned to the Department in the following ways:

1. Chief Robert Chamberlain
Tenafly Police Department
100 Riveredge Road
Tenafly, NJ 07670
2. Email: rchamberlain@tenafly.net
3. Dropped off at the Police Department Lobby 24 hours a day, 7 days a week.