FIRST RESPONDERS RESIDENT ALERT REGISTRY

ENROLLMENT FORM ● For TOWN OF MAMARONECK, VILLAGE OF MAMARONECK and VILLAGE OF LARCHMONT RESIDENTS ONLY – We want to learn about any special needs you or a family member may have in order to better serve you in case of an emergency.

MAIL completed form with a photo to:

Town of Mamaroneck Police Department ● 740 West Boston Post Road ● Mamaroneck, NY 10543 OR EMAIL completed form with a scanned photo to: **alarosa@tmpdny.org**

Village of Mamaroneck Police Department ● 169 Mt Pleasant Avenue ● Mamaroneck, NY 10543 OR EMAIL completed form with a scanned photo to: **fmaresca@vompd.com**

Village of Larchmont Police Department ● 120 Larchmont Avenue ● Larchmont, NY 10538 ● Attn: Sgt. Pompilio OR EMAIL completed form with a scanned photo to: **lpompilio@larchmontpolice.org**

Information shared is strictly VOLUNTARY. We care about your privacy. This is a comprehensive form. If you do not wish to provide specific information, feel free to leave those items blank. Please provide as much information as you deem applicable. Personal information will remain CONFIDENTIAL and protected according to federal HIPAA regulations. It will not be used or result in the alteration or change in standard Police, Fire or EMS emergency procedures. It is the responsibility of each resident to inform the police department of any changes or updates to the information provided below. We will keep your information registered in our First Responders' files until we are told by you to remove it.

Personal Information

Full Legal Name:

Nickname if any: Date of birth:

Gender: Race: Ethnicity:

Primary Diagnosis:

Co-Existing Diagnosis:

Primary Language:

Identification worn (Medic Alert bracelet/necklace, clothing tags, ID Card, tracking monitor (Type of Device, Tracking #), etc.):

Physical Description

Height: Weight: Eye Color: Build:

Hair Color: Hair Style:

Complexion: Fair ◯ Medium ◯ Dark ◯

Does the person wear: Glasses ☐ Contacts ☐ Hearing Aid ☐
If yes, are they worn full-time?

Distinguishing physical characteristics (birthmark, scars, tattoos, etc.):

Attached Photograph: Y ◯ N ◯

Wandering / Elopement

Prior history of the individual becoming lost, wandering or eloping? Y ◯ N ◯

If yes, please describe the incident (location found, found by whom, actions taken):

Favorite locations/attractions where he/she may be found if missing (park, train station, water):

Medical / Psychological / Behavioral Information

Communication: Please check all that apply to the way in which the individual communicates, if any. Add additional information under "Other".

☐ Verbal	☐ Can verbally provide name and other important identifying information (Phone #, address, etc.)
☐ Nonverbal	☐ Engages in odd or repetitive vocalizations
☐ Uses a communication device	☐ Echolalia (repeats noises or phrases)
☐ Uses American Sign Language (ASL)	☐ Responds to yes/no questions
☐ Other:	

Mobility / Motor: Please check all that apply to the individual's mobility / motor skills /needs if any. Add additional information under "Other".

☐ Independently Ambulatory (Can walk on own)	☐ Uses crutches / cane
☐ Uses a wheelchair	☐ Repetitive physical movements (rocking, flapping, pacing)
☐ Other:	

Sensory Sensitivities: Please check all that apply to the individual's sensitivities if any. Add additional information under "Other".

☐ Light	☐ Sound
☐ Touch	☐ Movement
☐ Other:	

If exposed to sensory input, what behaviors might be anticipated?

Physically Aggressive Behaviors: Please check all that apply to the individual's aggressive behaviors if any. Add additional information under "Other".

☐ Hitting	☐ Hair pulling
☐ Biting	☐ Scratching
☐ Banging head	☐ Kicking
☐ Other:	

Calming Strategies: Please check all that apply to help calm the individual down if any. Add additional information under "Other".

☐ Use of sound (music, soothing voice)	☐ Use of sight (video on phone)
☐ Use of touch (pressure, fidgets)	☐ Use of Taste (particular drink or food)
☐ Special Interest in topic, object or theme	☐ Other:

Does he/she self-stimulate? Y ◯ N ◯
If yes, please explain:

Any fears, anxieties or triggers which upset him/her? Y ◯ N ◯
If yes, please explain:

Is he/she a danger to self or others? Y ◯ N ◯
If yes, please explain:

Does he/she engage in self-injurious behaviors? Y ◯ N ◯
If yes, please explain:

Are there known mental health problems? Y ◯ N ◯
If yes, please explain:

Any other critical information about the individual that may help police to find, interact, and serve the individual
(Please provide as much detail as possible):

Residence Information

Address: Telephone # Home:

Cell:

Vehicle Information:

License Plate and State Make Model Year Color

Apartment Building: Y ◯ N ◯ Apartment # / Floor #: Elevator: Y ◯ N ◯

Is there a gun or other firearm in home? Y ◯ N ◯

Live alone? Y ◯ N ◯

If no, please list all persons and relationship that reside at home:

Is there an owner / manager / neighbor to contact in case of an emergency? Y ◯ N ◯

Contact Name: Address: Telephone #:

Who else has keys or access to your home in case of an emergency?

Contact Name: Address: Telephone #:

Family, Caregivers, Friends Contact Information

Parent/Guardian Name:

Relationship:
Address:
Best Telephone # to reach you at:
Name of Employer:
Employer's Address:
Employer's Telephone #:

Parent/ Guardian Name:
Relationship:
Address:
Best Telephone # to reach you at:
Name of Employer:
Employer's Address:
Employer's Telephone #:

Name:
Relationship:
Address:
Best Telephone # to reach you at:

Name:
Relationship:
Address:
Best Telephone # to reach you at:

Medical Care Providers

Name: Phone:

Name: Phone:

Name: Phone:

Emergency Contact Information

First Emergency Contact

Name:
Relationship:
Address:
Best Telephone # to reach you at:

Second Emergency Contact

Name:
Relationship:
Address:
Best Telephone # to reach you at:

Doctor, in case we need to call on your behalf

Name:
Type of Doctor:
Address:
Best Telephone #:

Please read and initial:

I am the lawful and legal parent and/or guardian of the person with special needs listed on this form. _____

Relationship:

I understand the information provided 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 HIPAA laws and will be redacted when necessary**.

RELEASE OF INFORMATION _____

I hereby give permission 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:_____ Date: _____

Print Name:_____