



Tiburon Police Department
Special Needs Registry



Date \_\_\_\_\_

Application Type New \_\_\_\_\_ Update \_\_\_\_\_

Registrant Information

\*Please include a recent photo of the registrant including when the photo was taken. Photo must show the person's facial features.

Full Name \_\_\_\_\_

Nicknames or Preferred Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_

Does he/she live alone? Yes \_\_\_\_\_ No \_\_\_\_\_

Telephone Number \_\_\_\_\_ Home Work Cell (please select)

Date of Birth \_\_\_\_\_ Male Female Transgender (please select)

Height \_\_\_\_\_ Weight \_\_\_\_\_ Race \_\_\_\_\_

Complexion Fair \_\_\_\_\_ Medium \_\_\_\_\_ Dark \_\_\_\_\_

Any identifying features (i.e. scars, moles, tattoos, or birthmarks etc.)
Please list where on body.

Language(s) spoken \_\_\_\_\_

Communication method if non-verbal or low-verbal (i.e. picture cards, sign language, communication device, etc.)



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### Behavioral Information

Diagnosis and/or Disability \_\_\_\_\_

Does this person tend to wander off? Yes \_\_\_\_\_ No \_\_\_\_\_ Sometimes \_\_\_\_\_

Favorite attractions or locations where person may be found:

Does this person know the bus system, taxi, Uber/Lyft, or public transit?

Suggestions for approaching person and/or any de-escalation techniques that Tiburon Police needs to know:

### Medical Information

Please check all that may apply for nature of special needs:

Alzheimer's Disease

Asperger Syndrome

Autism

Bipolar Disorder

Cerebral Palsy

Developmental Disability

Diabetes

Down Syndrome

Epilepsy/Seizures

Hearing Impairment

Oppositional Defiant Disorder

Schizophrenia

Visual Impairment

Other condition(s) \_\_\_\_\_



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Physician contact \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Physician contact \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Physician contact \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Medication(s) and dosage

Any medical, dietary, sensory issues and/or other requirements:

Medical devices or equipment used (i.e. cane or walker:

Does this person wear any medical ID jewelry? Please indicate what type and caution:

**Emergency Contact Information**

Contact 1 \_\_\_\_\_ Relation \_\_\_\_\_

Phone \_\_\_\_\_ 2<sup>nd</sup> Phone \_\_\_\_\_

Address \_\_\_\_\_



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Contact 2 \_\_\_\_\_ Relation \_\_\_\_\_

Phone \_\_\_\_\_ 2<sup>nd</sup> Phone \_\_\_\_\_

Address \_\_\_\_\_

Contact 3 \_\_\_\_\_ Relation \_\_\_\_\_

Phone \_\_\_\_\_ 2<sup>nd</sup> Phone \_\_\_\_\_

Address \_\_\_\_\_

This program is strictly voluntary. It is designed to assist the Tiburon Police in the swift and safe recovery of your loved one. The listed information on this registration application will solely be used for informational purposes and is kept confidential. The Department will use this information in the event of a search.

***I authorize the release of this information to the Tiburon Police Department for official use to help identify and assist me, my family member, ward or client during an emergency.***

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

Relationship \_\_\_\_\_

Date \_\_\_\_\_

If you have any questions or need to update any of the above information, please feel free to contact the Tiburon Police Department at (415)789-2801.