



Gloucester Township Police
Autism/Development Disability Registration Form
A registry to assist persons at risk



The Gloucester Township Police Department (GTPD) has created a registry for individuals with Autism or disabilities in efforts to give police quick access in an emergency to critical information about a person who is registered. The registry can provide police with emergency contact information, detailed physical descriptions, known routines, favorite attractions or special needs of an individual with Autism Disorder or other disabilities such as: Alzheimer's, Dementia, Down Syndrome or any other endangered individuals. This information can greatly assist police officers when time is essential in communicating and dealing with an emergency situation involving a person with Autism Disorder as well as other disabilities.

The registration form asks for valuable information that police may need when helping individuals with Autism Disorder or any other disability. We ask that all questions be filled out completely and a current photograph be provided. If you are unable to supply a photograph, we can take one for you. The information you provide is confidential and will only be used by law enforcement.

If any information on the registration changes you are encouraged to inform us as soon as possible. This program is free to the community and another example of the partnership between the GTPD and its residents. Please contact the GTPD Community Relations Bureau at communityrelations@gtpolice.com or call 856-374-3513 with any questions. Completed forms may be turned into our police officers, e-mailed, or taken directly to the GTPD Community Relations Bureau.

POLICE ONLY SECTION:

DATE RECEIVED: _____ **OFFICER:** _____

SUPERVISOR APPROVED: _____

DATE ENTERED: _____ **OFFICER:** _____

SUPERVISOR APPROVED: _____



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Name: _____ DOB: _____

Nickname (or any name that is most likely to get response) _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Other Phone: - _____

Race: _____ Sex: _____ Height: _____ Weight: _____

Hair color: _____ How worn: _____

Eye color: - _____ Complexion: _____

Facial hair: _____ Scars or identifying marks: _____

School/Employer: _____

Method of communication, if non verbal: sign language, picture boards, written words,
Etc: _____

Identification worn: ex. Jewelry/Medic Alert, clothing tags, ID card, tracking monitor, etc

Inclination of wandering or characteristic that may attract: _____

Favorite attractions and locations person may be found: _____

Best methods of approach (include approach and de-escalation techniques): _____

Life threatening medical concerns: _____

Any other relevant information: _____

Information that will generate a positive response: _____

Information such as what **NOT** to do should include: bright lights, noises, direct eye
contact, etc: _____

**Please attach a recent photo to this form. You can also schedule an appointment to
have a photograph(s) taken at the Gloucester Township Police Department.
Please call 856-374-3513 or email communityrelations@gtpolice.com .**

Contact Information

Primary Emergency Contact:

Name: _____

Address: _____

Home Phone: _____

Work Address: _____

Work Phone: _____

Alternate Phone: _____

Date of Birth: _____

Gender: _____

Relationship: _____

Email: _____

Secondary Emergency Contact:

Name: _____

Address: _____

Home Phone: _____

Work Address: _____

Work Phone: _____

Alternate Phone: _____

Date of Birth: _____

Gender: _____

Relationship: _____

Email: _____

