

ROCKLAND COUNTY SILVER ALERT REGISTRY

PERSON WITH SPECIAL NEEDS' INFORMATION

Last Name: _____ First Name: _____ Init. _____ Nickname: _____
Street Address: _____ City: _____
State: _____ Zip: _____ E-mail: _____
How long has this person lived at this address? _____ What was their prior address? _____
Phone: (H) _____ (C) _____ (W) _____

PERSONAL DESCRIPTION

DOB: _____ Race: _____ Hair: _____ Sex: Male Female
Eyes: _____ Hgt: _____ Wgt: _____ Glasses: Yes No
Scars/Birthmarks/Tattoos: _____
Does this person own or operate a motor vehicle? Yes No If yes, Vehicle Make: _____
Veh. Model Year: _____ Veh. Model: _____ Veh. Color: _____ Veh. Plate: _____ State: _____

Diagnosis: _____ Medications: _____
Ambulatory: Yes No Verbal: _____ Non Verbal: _____
If non verbal, can communicate in what form (e.g., signing, pictures, written) _____
Will respond to his /her name? Yes No Does this person have a hearing disability? Yes No

EMERGENCY CONTACTS

Name: _____ Relationship: _____ Phone: (H) _____ (C) _____
Address: _____ E-mail: _____
Name: _____ Relationship: _____ Phone: (H) _____ (C) _____
Address: _____ E-mail: _____

Note: has the above person ever been missing in the past? Yes No If yes, where was the person found?

Is this person a danger to themselves or others? Yes No If yes, please explain: _____

Is there any additional information on the subject that will aid emergency responders in the safe and speedy recovery of the named person in need? _____

(Attach separate sheet or use reverse for additional info)

RELEASE/DISCLAIMER

I, _____ as being the parent/Relative/Guardian/Caregiver of the above named person, give my permission to any Rockland County law enforcement agency to retain and distribute this information to any responding Police/Fire/EMS personnel, for the sole purpose of identifying and assisting the above person with special needs.

IT IS THE RESPONSIBILITY OF THE PARENT/RELATIVE/GUARDIAN/CAREGIVER TO NOTIFY THE ROCKLAND COUNTY SILVER ALERT REGISTRY OF ANY CHANGE OF STATUS REGARDING THE ABOVE NAMED SPECIAL NEEDS PERSON.

Print Name: _____ Signature: _____
Date: _____ Relationship: _____ E-mail: _____

Agency Application No. _____

Photo on File: Yes No