

Registration Form

TILTON POLICE DEPARTMENT DISABILITY REGISTRY

The **Tilton Police Department Disability Registry** is a **voluntary** program, open to all citizens with disabilities who reside, attend school, or are employed in Tilton. The registry is intended to help first responders better assist citizens with disabilities by providing the first responders with vital information regarding a registrant's disability and other pertinent information to help the registrant most effectively.

Please complete all pages of this application, scan and email along with your pictures to:

Dispatch@tiltonpd.org

If you prefer to mail the application along with the pictures, send to:

Tilton Police Department
Attn: Disability Registry
P.O. Box 292, Tilton, NH 03276

Registrant Information

Last Name _____ First Name _____ M.I. _____

Home Address _____

City, State and Zip _____

Date of Birth: _____ Gender: Male Female Other

Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____

Corrective Lenses: Y/N

Scars/Marks/Tattoos/Piercings: (eg. tattoo of heart on right forearm) _____

Registered Vehicles/Driver's License Information

Does the registrant own or frequently drive a vehicle? Yes No

Vehicle Plate State: _____ Vehicle Plate #: _____

Vehicle Plate State: _____ Vehicle Plate #: _____

Driver's License State: _____ Driver's License Number: _____

Registrant School/Employment Information

Does the registrant attend school or they employed? Yes No

Name of School/Employer: _____

School/Employer Address: _____

School/Employer City, State and Zip: _____

School/Employer Phone #: _____ Contact: _____

(Additional School/Employer)

Name of School/Employer: _____

School/Employer Address: _____

School/Employer City, State and Zip: _____

School/Employer Phone #: _____ Contact: _____

Please attach or list additional Schools/Employers in the additional information Area

Disabilities

What is the registrant's Disability? (You May select more than one)

- | | |
|--|--|
| <input type="checkbox"/> Alzheimers/Dementia | <input type="checkbox"/> Mobility Impairment: Crutches |
| <input type="checkbox"/> Autism | <input type="checkbox"/> Mobility Impairment: Wheelchair |
| <input type="checkbox"/> Diabetes/Hyperglycemic (type _____) | <input type="checkbox"/> Mobility Impairment: Other _____ |
| <input type="checkbox"/> Dialysis | <input type="checkbox"/> Obese |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Oxygen Dependent |
| <input type="checkbox"/> Electricity Dependent | <input type="checkbox"/> Project Lifesaver |
| <input type="checkbox"/> Hard of Hearing/Deaf, or other hearing impairment | <input type="checkbox"/> PTSD (Post-Traumatic Stress Disorder) |
| <input type="checkbox"/> I/DD - Intellectual/Developmental Disability | <input type="checkbox"/> Service Animal |
| <input type="checkbox"/> Life Alert | <input type="checkbox"/> Sight Impairment/Blind |
| <input type="checkbox"/> Mental Illness | <input type="checkbox"/> Speech Impairment |
| <input type="checkbox"/> Other: _____ | |

Communications

Method of Communication

- | | | |
|--|-------------------------------------|---------------------------------|
| <input type="checkbox"/> Augmentative/Speech Assistance Device | <input type="checkbox"/> Non-Verbal | <input type="checkbox"/> Verbal |
| <input type="checkbox"/> Sign Language | <input type="checkbox"/> Written | |

What Type of Augmentative/Speech Assistance Device does the registrant use? _____

Medical Information/Social Worker/Case Worker

Describe any of the registrant's life threatening medical concerns: (eg. food or medicine allergies, seizures, etc.)

Does the registrant use an Epipen? (If yes, please give location where it is stored) Yes No

Any triggers which affect the registrant? (eg. Loud Noises, Bright Lights) _____

Any calming techniques used for the registrant? _____

Does the registrant frequent/gravitate to any particular type of location? (eg. Water, playground, hiding spots, woods, etc.) _____

What products/equipment and with which vendor does the registrant subscribe to (eg. Life Alert, Project Lifesaver)

Does the registrant have a Social Worker/Case Worker assigned? Yes No

Name of Social Worker/Case Worker: _____ Phone #: _____

Does the registrant have a service animal? Yes No

If yes, give the type/description, name and what the service animal assists with _____

If the registrant has a wheelchair, what type? Manual Motorized

Any other information that may be important? _____

Emergency Contact Information

1. Parent or Legal Guardian

Last Name _____ First Name _____ M.I. _____

Home Address _____

City, State and Zip: _____ Phone Number: _____

Relationship to the registrant: _____

Emergency Contact Information Continued

2. Last Name _____ First Name _____ M.I. _____

Home Address _____

City, State and Zip: _____ Phone Number: _____

Relationship to the registrant: _____

Is this person also a Legal Guardian of the registrant? Yes No

3. Last Name _____ First Name _____ M.I. _____

Home Address _____

City, State and Zip: _____ Phone Number: _____

Relationship to the registrant: _____

Is this person also a Legal Guardian of the registrant? Yes No

Person Filling Out This Form (If it is not the person being added to the registry)

Last Name _____ First Name _____ M.I. _____

Relationship to the registrant: _____

Registrant Pictures - If you are mailing this form, please attach by paper clip or staples as many pictures of the registrant that you feel are necessary. If you are scanning and emailing, please email the picture(s) as an attachment.

Acknowledgement

I acknowledge that by checking the box below that the information being provided is truthful, current, and valid and that I am authorized to submit it on my own behalf or as the legal guardian of the registrant. I further understand that by enrolling myself or someone else in the Tilton Police Department Disability Registry that the personal information entered may be used by emergency personnel, including but not limited to law enforcement officers, fire department personnel and emergency medical services (EMS) in the event of an emergency situation, or during any non-emergent contact with police, fire and/or EMS personnel. I also acknowledge that it will be my responsibility to keep the information on the registry current.

I further understand that by completing this form and participating in the Tilton Police Department Disability Registry that I do so voluntarily. I also understand that my voluntary participation in this program does not convey and/or warrant, either expressed or implied, any particular outcomes, promises and/or benefits. My signature below constitutes acknowledgement and acceptance of these limitations and disclaimers.

I understand the above disclaimer Yes No

(Signature of the person filling out this form)

(date)

(Print Name)