



## Mantua Township Police Department Autism/Development Disability Registration



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Phone (856) 468-1920 405 Main Street Mantua, New Jersey 08051 Fax (856) 464-0237

The Mantua Police Department 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 their 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.

You are encouraged to contact us as soon as possible in the event any of the information provided on this form changes. Contact Ptl. Krista Sheilds at [kmsheilds@mantuatownship.com](mailto:kmsheilds@mantuatownship.com) or call 856-468-1920 x1551 with any questions. Completed forms may be e-mailed, or taken directly to our police station.



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**GENERAL INFORMATION**

Name: \_\_\_\_\_ DOB \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip code: \_\_\_\_\_  
Phone (Home): \_\_\_\_\_ Phone (Mobile): \_\_\_\_\_  
Email Address: \_\_\_\_\_

**DESCRIPTION**

Race: \_\_\_\_\_ Sex: \_\_\_\_\_  
Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
Complexion: \_\_\_\_\_ Eye Color: \_\_\_\_\_  
Hair Color: \_\_\_\_\_ Hair Style: \_\_\_\_\_  
Scars, marks, or tattoos: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please attach a recent photo to this form. You can also schedule an appointment to have a photograph taken at the Mantua Police Station. Please call Ptl. Krista Sheilds at 856-468-1920 ext 1551 or email: [kmsheilds@mantuatownship.com](mailto:kmsheilds@mantuatownship.com)



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**OTHER INFORMATION**

School / Employer: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Is this person verbal? If not, what is the best way to communicate?

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Does this person have any identification such as medical alert jewelry, ID's or tracking?

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Does this person wander? Where might they go?

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What is the best way to approach this person? How can we calm them?

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Does this person have any life threatening medical conditions?

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Are there any triggers or actions we should avoid when approaching to, or speaking with this person?

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**CONTACT INFORMATION:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

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**ADDITIONAL INFORMATION:**

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