



Maricopa Police Department Special Needs Registry Application

Please print all information:

Participant Information:

First Name: _____ Middle _____ Last Name: _____

Preferred Name or what they want to be called: _____

Home Address: _____

Date of Birth: _____ Race: _____

Hair Color: _____ Eye Color: _____

Scars/Birthmarks/Tattoos: _____

Corrective Lenses: _____ Contacts _____ Glasses _____ Prescription Sunglasses _____

Description of Eyeglasses _____

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

Cell Phone _____ School Name and Address _____

Employer Name and Address _____

Participant's Vehicle Information

Vehicle Model: _____ Vehicle Color _____

Vehicle License: _____ Vehicle # 2: _____

Parent or Guardian Information:

First Parent or Guardian

Name: _____

Primary Phone: _____ Secondary Phone: _____

Place of Employment: _____

Email Address: _____

Second Parent or Guardian

Name: _____

Primary Phone: _____ Secondary Phone: _____

Place of Employment: _____

Email Address: _____

Disability/Special Need

What is the registrant's special need? (required) You may CHECK more than one

- | | |
|---|---|
| <input type="checkbox"/> Alzheimer's / Dementia | <input type="checkbox"/> Mobility Impairment: Crutches |
| <input type="checkbox"/> Autism | <input type="checkbox"/> Mobility Impairment: Wheelchair |
| <input type="checkbox"/> Diabetes / Hypoglycemic (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"/> Post Traumatic Stress Disorder /PTSD |
| <input type="checkbox"/> Hard of Hearing / Deaf / or other Hearing Impairment | <input type="checkbox"/> Service Animal |
| <input type="checkbox"/> IDD – Intellectual Developmental Disability | <input type="checkbox"/> Sight Impairment/ Blind |
| <input type="checkbox"/> Life Alert | <input type="checkbox"/> Speech Impairment |
| <input type="checkbox"/> Mental Illness / Type _____ | |
| <input type="checkbox"/> Other _____ | |

Please list any characteristics that are associated with this person (Examples: sensory issues, certain behaviors, physical aggression, past dealings with police, calming strategies that work, etc.).

How does this person communicate (words pictures, device, etc.)?

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

Name of Social Worker / Case Worker _____ Phone # _____

Emergency Contact Information

First Emergency Contact:

Name: _____

Home Address: _____

City: _____ Zip Code: _____

Phone: _____

Second Emergency Contact:

Name: _____

Home Address: _____

City: _____ Zip Code: _____

Phone: _____

Please read and Initial:

I am the lawful and legal parent and/or guardian of the person with special needs listed in this special needs registry:

Name: _____

Relationship: _____

I am applying for myself

I understand the information provided to the Maricopa Police Department is for law enforcement to have all the necessary information to better handle a situation and that the information may be subject to public records laws,-F.S.S. Ch. 119 / **However, special needs are protected under HIPAA laws and will be redacted when necessary .**

Release of Information / Disclaimer

I hereby give my permission for the Maricopa Police Department to retain and distribute the information contained in this registration form to other first responder personnel for the sole purpose of identification and protection of the person identified above in an emergency or crisis situation.

I acknowledge 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, with the authority to submit on the behalf of another.

It is further understood that my completion of this form and my participation in the Special Needs Registry is completely voluntary, without guarantee, and is not intended to convey or warrant either expressly or implied any outcomes, promises or benefits from the use of this form and participation in this program. Use of the Maricopa Special Needs Registry constitutes my acknowledgement and acceptance of these limitations and disclaimers. I also acknowledge that is my responsibility to keep the information on the registry up to date.

I understand the release and disclaimer (required) Yes No

Signature: _____

Date of Application: _____

Please attach a recent picture of the individual:

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

VAPS@maricopa-az.gov

**If you prefer to mail the application along with pictures, mail to: 39675 W Civic Center Plaza South,
Maricopa, AZ. 85138.**