



# Ridgefield Park Police Department

234 Main Street

Ridgefield Park, New Jersey 07660

(201) 641-6400

## Hidden Disability Registration Form

New Form

Renewal Form

Name:

Nickname:

Parent/Guardian:

Address:

City:

State:

Zip:

Home Phone:

Cell Phone:

Work Phone:

Employer/School:

Eye Color:

Hair Color:

Height:

Weight:

Complexion:

Hair Style:

Glasses

Contacts

Language:

Method of Communication:

Scars/Marks/Tattoos:

Inclination for Wandering

Places of Interest:

Best Method to Approach:

Life Threatening Medical Concerns:

Tracking/Monitoring Device:

# Hidden Disability Registration Form

Other Relevant Information (ie, ways to de-escalate, generate a calm interaction or positive response):

## Emergency Contacts

### Primary Contact

Name:  Relationship:

Address:  City:  State:  Zip:

Home Phone:  Cell Phone:  Work Phone:

### Secondary Contact

Name:  Relationship:

Address:  City:  State:  Zip:

Home Phone:  Cell Phone:  Work Phone:

### Registered by:

Through this form the Ridgefield Park Police Department will collect information that can identify you or a family member. Such identifying information may include your name, date of birth, e-mail address, mailing address and other similar information. The Ridgefield Park Police Department will use the information provided on this registration form for the purpose of interacting and in some instances locating the persons named. It is your responsibility to ensure that the information collected is current and valid, and that the Ridgefield Park Police Department be notified of any changes.

**Please include a current photograph of the individual being registered.**

Name:  Relationship:

Address:  City:  State:  Zip:

Home Phone:  Cell Phone:  Work Phone: