

POLICE DEPARTMENT ANNOUNCES NEW
SPECIAL NEEDS REGISTRY

The City of Franklin Police Department recognizes that some members of our community may have special needs, or may react differently when coming in contact with police officers or firefighters during an emergency situation. With this in mind, we have created a Special Needs Registry.

The Special Needs Registry is available for all residents requiring special needs resulting from physical, emotional, or medical conditions such as dementia and autism. Information provided is maintained in a confidential data base which will assist emergency responders in providing a more informed response to those with special needs during an emergency.

If you are interested in participating in the Special Needs Registry, please print and complete the below attached form (the form is also available at the City of Franklin Police Department) and return it either by mail or in person to the Franklin Police Department, 9455 W. Loomis Road, Franklin, WI 53132.

Please contact Police Department Communications Supervisor Cindy Manke at (414) 425-2522 with questions.



SPECIAL NEEDS REGISTRY

Original Date:
Dates Revised:

All questions contained in this questionnaire are confidential
and will be retained by the City of Franklin Police Department for Official Use Only
9455 W Loomis Rd. Franklin, WI 53132

SPECIAL NEEDS PERSON

Name *(Last, First, M.I.):*

M F DOB:

Address:

Nick Name:

Home Phone:

Cell Phone:

Email:

PERSONAL HEALTH HISTORY

Height:

Weight:

Eye Color:

Hair Color:

Medical Alert Worn: Yes No

If yes, what type and where worn?

Scars; Marks; Tattoos:

List any medical conditions that the special needs person has been diagnosed with or treated for:

INFORMATION SPECIFIC TO THE SPECIAL NEEDS PERSON

Does the individual live alone? Yes No

Is he/she likely to wander off? Yes No

Is the special needs person hearing impaired? Yes No

Is the special needs person visually impaired? Yes No

Favorite attractions or locations where the individual may be found?

Location of bedroom or likely place to find the individual in the house/residence at night?

Behaviors or characteristics of the individual that may attract the attention of responders?

Actions that may trigger outbursts or irrational behavior of the individual?

Favorite toys, objects, discussion topics, likes or dislikes of the individual?

Is the special needs person: Verbal Non-Verbal

Prefers other means of communication (see below for specifics)

Preferred method of communication (If non-verbal; sign language, picture boards, written words etc...)?

Is there any other information that may be helpful to our responders when coming in contact with this special needs person?

EMERGENCY CONTACT INFORMATION

Emergency Contact #1

Name:

Relationship:

Address:

Home Phone:

Cell Phone:

Other Number:

Emergency Contact #2

Name:

Relationship:

Address:

Home Phone:

Cell Phone:

Other Number:

Emergency Contact #3

Name:

Relationship:

Address:

Home Phone:

Cell Phone:

Other Number:

IMPORTANT: Please review the following before completing, signing and/or submitting this form:

Responding to this form is strictly voluntary. The information on this form will be added to the Franklin Police Department's record management system and may be distributed to emergency responders in order to better care for you or your family members. The City respects your right to confidentiality and will strive to ensure that your personal information remains confidential. However, by definition of this form, once submitted, is a public record, and may be subject to disclosure under Wis. Stat. §19.35, except as otherwise exempt by law. The City does not collect or maintain information about you that is not essential for your safety and well-being. By completing this Special Needs Registry form, I acknowledge that the information provided herein is accurate and was submitted voluntarily for the sole purpose of assisting Police, Fire and Emergency Response Departments in more effectively responding to a potential emergency in or near my residence. I, therefore, authorize the use of this information for those purposes.

Signature of person completing this form:

Signature of person completing this form:

Printed name if not electronically signed:

Date:

Attach Current Photo of Special Needs Person