

The goal of the Special Needs Registry is to ensure all South Brunswick residents who may be in need of special assistance are able to get the help and support they need in a time of emergency or during interaction with Law Enforcement, Fire or EMS personnel.



The South Brunswick Special Needs Registry is proudly sponsored by the South Brunswick Police Department.



Each registrant will be provided with 2 window decals that can be placed on the front entrance of the registrant's residence as well as on the window of any vehicle in which they regularly travel. The presence of the SNR decal signifies to first responders that someone in the residence/vehicle has some degree of special need and that they should respond accordingly. The use of the decal is voluntary.

For further info call:  
732.329.4000 x7460 or x 7469  
or email:  
[specialneedsreg@sbpdnj.net](mailto:specialneedsreg@sbpdnj.net)

South Brunswick Police Dept.  
540 Ridge Road  
Monmouth Junction, NJ 08852

SOUTH BRUNSWICK  
POLICE  
SPECIAL NEEDS  
REGISTRY



Protecting &  
Serving All

Raymond J. Hayducka, Chief of Police

[www.SBPDNJ.net](http://www.SBPDNJ.net)



## Is there a cost to register?

No, there is no cost to register.

## Who is eligible to register?

The registry is open to any person who lives, works, or goes to school in South Brunswick and has a physical or mental impairment that subsequently limits one or more major life activities due to a physical and/or intellectual disability.



All information provided on the registry will remain strictly confidential and will only be utilized by first responders during times of emergency.



The South Brunswick Special Needs Registry is a voluntary service open to all citizens with special needs who reside, attend school or are employed in South Brunswick. The registry was created to help police officers and other emergency service personnel better assist residents with special needs in the event of an emergency by providing those first responders with vital information regarding a registrant's special needs, emergency contact information, physical description and current photograph.



## How does someone register?

The registrant's information can be easily inputted to the registry by completing an online application via our secure website:

[www.SBPDNJ.net](http://www.SBPDNJ.net)

and emailing it to:

[specialneedsreg@sbdnj.net](mailto:specialneedsreg@sbdnj.net)

or mailing it to:

South Brunswick Police Dept.  
540 Ridge Road  
Monmouth Junction, NJ 08852

## What information is necessary to register someone?

The information requested to register someone on the Special Needs Registry includes the registrant's personal identifiers such as their name, address, date of birth, height, weight, their emergency contact information, some details about their special needs and a recent photo. The registrant can also elect to provide some additional information about themselves such as their prescribed medications, medical conditions, places frequented, method of communication, calming methods, triggering conditions and contact information for their treating physicians.

# SOUTH BRUNSWICK TOWNSHIP POLICE DEPARTMENT

## *Special Needs Registry Form*

Raymond J. Hayducka, Chief  
James E. Ryan, Deputy Chief

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Last Name \_\_\_\_\_ Nickname (If Any) \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Hair Color \_\_\_\_\_

Eye Color \_\_\_\_\_ Corrective Lenses \_\_\_\_\_ Scars/Piercings/Tattoos \_\_\_\_\_

What is the registrant's special need? (i.e. Autism, Alzheimer's, Mental Illness etc.)  
\_\_\_\_\_  
\_\_\_\_\_

Method of Communication: (Verbal, Non-Verbal, Sign Language, Written, Speech Assistance Device)

What language(s) does the registrant speak or understand? \_\_\_\_\_

Does the registrant utilize any tracking/health equipment? (Project Lifesaver, Life Alert, Mobile App)

Life Threatening Medical Concerns? (Medicine, Allergies, Seizures etc.)  
\_\_\_\_\_  
\_\_\_\_\_

Areas that the registrant frequents (playgrounds, pools, stores, friend's residence etc.)  
\_\_\_\_\_  
\_\_\_\_\_

Does the registrant gravitate towards water? If so can the registrant swim?  
\_\_\_\_\_

Any triggers which affect the registrant (i.e. loud noises, bright lights etc.)

\_\_\_\_\_  
Any calming methods used for the registrant

\_\_\_\_\_  
Does the registrant have a driver's license? (If so list license number) \_\_\_\_\_

Does the registrant own or frequently drive a vehicle? (If so list make, model color and license plate)

\_\_\_\_\_  
Does the registrant attend school or are they employed \_\_\_\_\_

Name of School/Employer \_\_\_\_\_

School/Employer address \_\_\_\_\_

School/Employer phone number \_\_\_\_\_

Emergency Contact Information

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

I acknowledge that by signing below that the information being provided is truthful, current, and valid and that I am authorized to submit it on my behalf or as the legal guardian with authority to submit it on behalf of another. I further understand that by enrolling myself or someone else in the South Brunswick Police Special Needs Registry that the personal information entered may be used by emergency personal, including, but not limited to, law enforcement officers, emergency medical services (first aid/paramedics), and fire department personnel in the event of a personal emergency or other emergency situation.

It is further understood that completion of this form and participation in the South Brunswick Police Special Needs Registry is voluntary and cannot guarantee and is not intended to convey and warrant, either express or implied, as to outcomes, promises, or benefits from the use of this form and participation in this program.

By signing below, I also acknowledge that I understand the disclaimer.

\_\_\_\_\_  
(Signature of the Person Filling out this Form)

\_\_\_\_\_  
(Relationship to Registrant)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)

Please complete the application, scan and email along with a photograph to [Specialneedsreg@sbpdnj.net](mailto:Specialneedsreg@sbpdnj.net)

Be sure to include SNR or Special Needs Registry in the Subject field when emailing.

Applications can also be mailed to or dropped off at South Brunswick Police Headquarters

Attn: Special Needs Registry, 540 Ridge Road, Monmouth Junction, NJ 08852