



POLICE DEPARTMENT COUNTY OF SUFFOLK, NEW YORK

ACCREDITED LAW ENFORCEMENT AGENCY

SILVER ALERT REGISTRY

A registry for Persons with Special Needs

PDCS-8060b

PERSON WITH SPECIAL NEEDS' INFORMATION:

Last Name: _____ First Name: _____
Street Address: _____ City: _____
State: _____ Zip: _____ E-mail: _____
Phone: (H) _____ (C) _____ (W) _____

PERSONAL DESCRIPTION

DOB: _____ Race: _____ Hair: _____ Sex: [] Male [] Female
Eyes: _____ Hgt: _____ Wgt: _____ Glasses: [] Yes [] No
Scars/Birthmarks/Tattoos: _____
Would you like a Silver Alert Bracelet mailed to you? [] Yes [] No Bracelet #: _____ (Assigned by P.D.)
Diagnosis: _____ Medications: _____
Ambulatory: [] Yes [] No Verbal: _____ Non Verbal: _____
If non verbal, can communicate in what form (e.g., signing, pictures, written) _____
Will respond to his /her name? [] Yes [] No

EMERGENCY CONTACTS

Name: _____ Relationship: _____ Phone: (H) _____ (C) _____
Address: _____ E-mail: _____
Name: _____ Relationship: _____ Phone: (H) _____ (C) _____
Address: _____ E-mail: _____

Please provide additional information that will assist responding emergency personnel to assist in the safety and care for the above named person.

RELEASE/DISCLAIMER

I, _____ give my permission as the Parent/Guardian of the above individual, to the Suffolk County Police Department to retain and distribute this information to first responding personnel (Fire, EMS, and Police) for the sole purpose of identification and assistance to the above person with special needs. The completion of this form shall not create a right to services, nor shall it create a special relationship between the parties.

IT IS THE RESPONSIBILITY OF THE PARENT/GUARDIAN TO NOTIFY SCPD OF ANY CHANGE IN STATUS.
ALERTS ARE AUTOMATICALLY REMOVED FROM THE SYSTEM 24 MONTHS FROM THE ENTRY DATE.
THEREFORE, ADDRESS ALERTS MUST BE RENEWED EVERY 24 MONTHS

Print Name: _____ Signature: _____
Date: _____ Relationship: _____ E-mail: _____

Registration Number: _____ Assigned by SCPD Date to be removed from CAD: _____ Entered by ITS

Send completed forms or Change of Status to:

Suffolk County Police Department
ATT: Community Outreach Bureau, Special Needs Coordinator
30 Yaphank Avenue
Yaphank, NY 11980