



# Maricopa Police Department Special Needs Registry Application

Please print all information:

### Contact Information:

First Name: \_\_\_\_\_ Middle \_\_\_\_\_

Preferred Name or what they want to be called: \_\_\_\_\_

Last Name: \_\_\_\_\_

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 \_\_\_\_\_

### Residence/Vehicle Information

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

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**

- Alzheimer’s / Dementia
- Autism
- Diabetes / Hypoglycemic (Type)\_\_\_\_\_
- Dialysis
- Epilepsy
- Electricity Dependent
- Hard of Hearing / Deaf / or other Hearing Impairment
- IDD – Intellectual Developmental Disability
- Life Alert
- Mental Illness / Type \_\_\_\_\_
- Mobility Impairment: Crutches
- Mobility Impairment: Wheelchair
- Mobility Impairment: Other \_\_\_\_\_
- Obese
- Oxygen Dependent
- Post Traumatic Stress Disorder /PTSD
- Service Animal
- Sight Impairment/ Blind
- Speech Impairment
- 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 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 HIPPA 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: \_\_\_\_\_

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](mailto: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.**