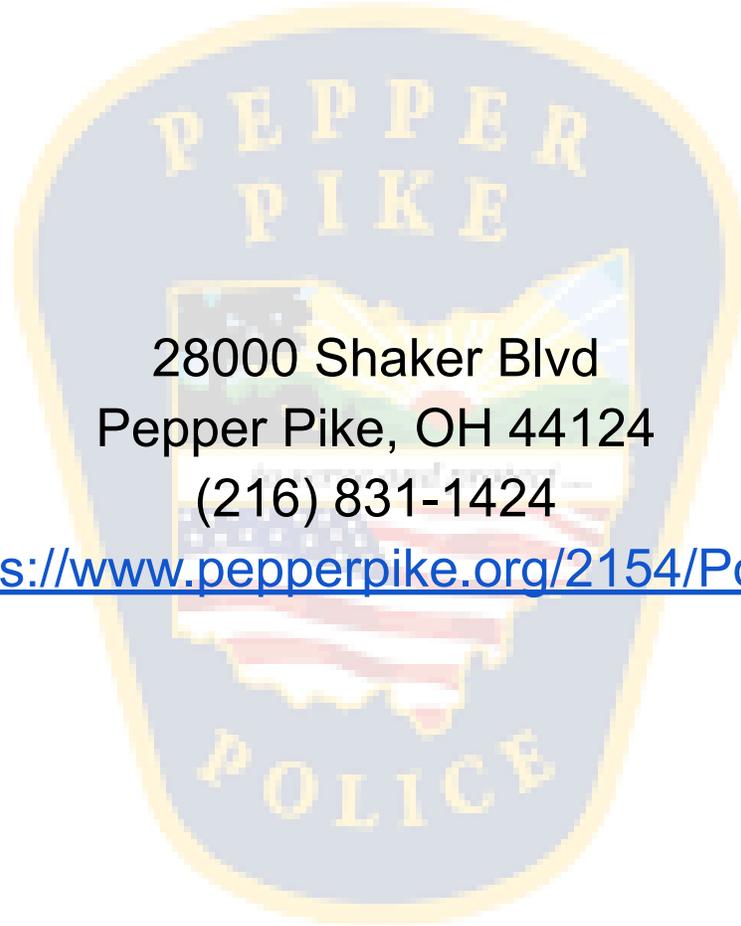


Pepper Pike Police Department Special Needs Registry



28000 Shaker Blvd
Pepper Pike, OH 44124
(216) 831-1424

<https://www.pepperpike.org/2154/Police>

Frequently Asked Questions

Is the registry voluntary?

Yes, the registry is completely voluntary. None of the fields on the form are mandatory, and the information you choose to disclose is completely voluntary.

Who is eligible?

The registry has been developed with the intent to serve all members (adult or juvenile) of our community that have a special need and want to register with Pepper Pike Police Department.

How to register?

To register for the Special Needs Registry, complete the Special Needs Registry Form and turn it into Pepper Pike Police Department. Parents and caregivers may enroll a person of any age with any type of disability, including but not limited to Autism Spectrum Disorder, Alzheimer's or Dementia, Bipolar Disorder, and Down Syndrome. Adults with special needs may also enroll themselves.

What happens once the person is registered?

Pepper Pike Police Department will maintain the registry. The information provided will assist Police Officers, EMS, Fire, Rescue and dispatchers with the information needed to safely and successfully interact and communicate with your loved one, as well as provide us with your contact information.

Who has access to my loved one's profile?

Pepper Pike Police Department personnel who require this information in the performance of their duties will have access to the information. There are strict regulations concerning accessing and disseminating information. The sharing of information with other first responders during an emergency can be helpful when a person is registered. Pepper Pike Police Department will make every effort to respect privacy and confidentiality while providing for the needs of the people involved.

Can I update my profile if there are changes? How do I do that?

You may, however, only information that significantly impacts policing response will be necessary. Examples include a change of address, school, or emergency contact. To submit changes please email kmessina@pepperpike.org or jpopov@pepperpike.org with the subject line "Special Needs Registry". We ask that you review your profile yearly and if possible, to send a new photo every year.

After my child/dependent adult is registered, and there is an incident, do I need to do something to inform the police?

It is preferable that you let the dispatcher or police officer know that the individual is already registered. In doing so, the information will be immediately disseminated to on-duty personnel without having to ask the parents/guardians during a high-stress situation.

How will this registry help if my child/dependent goes missing?

If the individual is reported missing by the parent/guardian, information from the registry will be disseminated to on duty personnel in the area to look for the missing person. If the individual has not been reported missing and is incapable of effectively communicating his/her name to an officer, coupled with the physical appearance, may allow us to identify the individual more quickly. This will allow us to use the contact information to connect with the parents/guardians.

As soon as I register, will the information be immediately available if a police response is required?

No. The registration form will need to be entered to capture all relevant information. The process may take up to two (2) weeks to fully process.

Pepper Pike Police Department Special Needs Registry

Personal Information for Individual with Special Needs:

Legal Name: _____

Nickname(s): _____

Address: _____

Date of Birth: _____

Cell Phone: _____ Home Phone: _____

Race: _____ Gender: _____

Hair Color: _____ Eye Color: _____

Height: _____ Weight: _____

Scars/Birthmarks/Tattoos/Medical Alert Bracelet: _____

Method(s) of Communication: _____

Primary Language: _____ School: _____

Workplace: _____

Driver's License/ID Card: _____

Vehicle's Make/Model/Color: _____

Place Photo Here

Emergency Contact Information:

Parent/Guardian: _____

Address: _____

Cell Phone: _____ Home Phone: _____

Additional Parent/Guardian: _____

Address: _____

Cell Phone Number: _____ Home Phone Number: _____

Special Needs/Disability Information Primary Diagnosis: _____

Additional Diagnosis(s): _____

Medical Needs/Allergies: _____

Describe Any Unique or Special Behaviors/Characteristics: _____

Describe Best Approach Technique for Responders to Use: _____

Describe what not to do when approaching (if applicable): _____

Favorite/Commonly Frequented Places: _____

Safe Places Can Be Taken To: _____

Describe Any Sensory, Medical or Dietary Issues: _____

Does this individual have a history of eloping?: _____

Is this individual attracted to water? _____

Can this individual swim? _____

Additional Information:

RELEASE OF INFORMATION I hereby give my permission to Pepper Pike Police Department to retain and distribute the information contained in this registration form to other First Responders, (including, but not limited to: Police, Fire, EMS, Rescue, and Dispatchers) for the sole purpose of identification and protection of the person identified above, in the event of an emergency or crisis.

Signature: _____

Today's Date: _____

Please email completed form to:

kmessina@pepperpike.org or jpopov@pepperpike.org

OR MAIL OR DROP OFF COMPLETED FORM:
PEPPER PIKE POLICE DEPARTMENT
28000 SHAKER BLVD
PEPPER PIKE, OHIO 44124

