



TEQUESTA POLICE DEPARTMENT

S.A.F.E. PROGRAM

SPECIAL NEEDS REGISTRY



What is the Tequesta Police Department's S.A.F.E. Program Special Needs Registry?

The Special Needs Registry is a proactive initiative of the Tequesta Police Department. Its purpose is to compile and maintain a list of individuals who have "special needs" due to mental or neurological disabilities and who may reside or frequently visit the Village of Tequesta or surrounding areas. Interested persons are invited to voluntarily provide information about a loved one with special needs of any age, who may require special assistance in an emergency or interaction with Tequesta Police Officers. The registration is **"Completely Voluntary"**.

How to register?

To register for the TPD Special Needs Registry, please complete the 3 Pages of our Special Needs Registry Form and turn it in directly the Tequesta Police Department. Parents and or caregivers may enroll a person of any age with any type of medical condition or disability, including but not limited to: Autism Spectrum Disorder, Alzheimer's or Dementia, Bipolar Disorder and Down Syndrome. Adults with special needs may also voluntarily enroll themselves.

What happens after a person is registered?

When a Police Officer has contact with the person listed on this registration form, our 911 Communications Call Center can provide us with the rapid information needed to successfully interact and communicate with your loved one, as well as, provide us with your emergency contact information.

Per Florida Senate Bill CS/HB 1275 an incapacitated adult enrolled onto the registry by another person must be notified of that enrollment by the local law enforcement agency in writing at his or her address of record within five business days after such enrollment. A minor enrolled onto the registry must be notified of that enrollment by the local law enforcement agency in writing at his or her address of record within five business days after his or her 18th birthday.

A registration is valid until the person is removed from the registry. A minor or an incapacitated individual may be removed from the registry by his or her parent or legal guardian. A competent person who is 18 years old may remove himself or herself from the registry. A competent person who has reached 18 years of age may also choose to have his or her name removed from the registry. Upon a verbal or written request for removal of a person from the registry, a local law enforcement agency must remove an individual's information from the registry within five business days after the request is made.



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Who is eligible?

The registry has been developed with the intent to serve all members (adult or juvenile) members of our community or people who frequently visit our community who have a “special need” and want to register with the Tequesta Police Department.

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

No. The completed registration form will need to be entered in order to capture all relevant information. The process may take up to 5 business days to be fully processed. When you register and are successfully entered into our database, you will receive a notification confirmation via telephone or text message.

Who has access to my child's or family member's registry profile?

Tequesta Police personnel who require this information in the performance of their duties will have access to the information. There are strict regulations with respect to accessing and disseminating personal information. The sharing of this information with other police agencies during an emergency can be helpful when a person is registered in Tequesta but possibly wanders off in another neighboring jurisdiction.

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

You may, however, only information that has a significant impact on policing response will be necessary. Some examples would include a change in address, school, or emergency contact. You do not need to report a change in hair cut or color, for example, as the police are familiar with the changes that can be made and are more likely to notice height, weight and eye color. Changes can be made by filling out a new registry form to document any changes.

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

It is preferable that you let the police or 911 operator know that the individual is already registered. In doing so, the information will be immediately disseminated to the vehicles without having to ask the parents/guardians during a high stress situation.

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

If the individual goes missing and is reported by the parent/guardian, information about his/her physical appearance, the most likely places where he/she would go to, as well as triggers, stimulants, and de-escalation techniques will be sent to every police officer in the area to look for the missing person. If the individual has not been reported and is incapable of effectively communicating his/her name to an officer, a computer check of the neighborhood, coupled with the physical appearance, and may allow us to identify the individual more quickly. This will then allow us to immediately use the contact information to connect with the parents/guardians.



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Enrollment Information:

(Registrant/Person with Special Needs)

Full Name:

Home Address:

City:

Zip Code:

Cell Phone:

Date of Birth:

Place of Birth:

Driver's License (if applicable):

Social Security #:

Gender:

Race:

Height:

Weight:

Build:

Eye Color:

Hair Color:

Complexion:

Scars, Marks, Tattoos:

Special Identifiers: (Glasses, Beard, Mustache, Etc.)

Language(s) Spoken:

Disability:

Mental/Physical Condition:

Medication Taken (if any):

Allergies:

Functioning/Non-Functioning:

Swimmer: (Yes/No)

Likes/Loves:

Agitations:

Calming Methods:



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Missing Before, if so location(s) of recovery:

Pertinent information that would aid in the investigation:

Friends, Relatives in area:

Locations Frequent in area:

Vehicle Information:

Vehicle Year:

Make:

Model:

Color: (Top, Bottom, Interior)

Type/Style:

Tag State:

Tag Registration Number: Disability/Special Needs/Other Information:



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Doctor/Diagnosis/Other Information:

Primary Diagnosis:

Co-Existing Diagnosis:

Doctor/Dentist Information:

Notes:

****Per Florida Senate Bill (CS/HS 1275 Confirmation of a disability or condition must be certified by a licensed physician or licensed physician assistant or a licensed advanced practice registered nurse. Confirmation of a psychological condition must be certified by a licensed psychologist, licensed mental health counselor, or a Psychiatrist. Please submit this form with the required confirmation.***

Please list any additional characteristics that can assist Law Enforcement that have not been mentioned above:
(Examples are sensory issues, certain behaviors, physical aggression, past dealings with police, calming strategies that work, as well as, any fears, dislikes, etc.)

How does your child or loved one communicate? (words, pictures, device, etc.)



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Emergency Contact Information:

Primary Emergency Contact:

Name:

Home Address:

City:

Zip Code:

Phone:

Secondary Emergency Contact:

Name:

Home Address:

City:

Zip Code:

Phone:

Please read the following, Initial next to all 3, consenting to opt into the TPD Special Needs Registry Program:

I am the lawful and legal parent and/or guardian of the person with special needs listed in this safety roster: _____

Relationship: _____

****Per Florida Senate Bill CS/HB 1275 proof of parentage, guardianship, or other legal authority be provided to local law enforcement at the time of registration of a minor or ward.***

I understand the information provided to the Tequesta Police Department is for law enforcement to have all the necessary information to better handle a situation and can be disclosed with other law enforcement, emergency management agencies, fire departments, and any other local, state, or federal agency upon showing a good cause. However, this information will be exempt from any public records request outlined in s. 119.07(1), F.S., and Art. I, s. 24(a) per Florida Bill CS/HB 1277: _____

RELEASE OF INFORMATION:

I, hereby give my permission for the Tequesta 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. _____

Print Name / Date & Time:

Signature:

TEQUESTA POLICE DEPARTMENT USE ONLY

Receiving Officer:

Processing Communications Officer:

Date & Time Entered Into CAD:

MNI / ID Number / Other Identifier Assigned: