



LYNDHURST POLICE DEPARTMENT

367 VALLEY BROOK AVENUE

LYNDHURST, NJ 07071

www.lyndhurstnjpolice.gov



Michael Carrino

Chief of Police

Headquarters

(201) 939-2900

Dear Lyndhurst Residents,

With the goal of better serving our residents, while responding to calls involving individuals with special needs, the Lyndhurst Police Department has established a voluntary Special Needs Information Database. Our officers are trained to recognize how certain circumstances may be distressing to an individual with special needs. By knowing who in our community requires a special response and having that information readily available in our computer aided dispatch system (C.A.D.), our officers will respond appropriately with the individual's needs in mind.

The purpose of this Special Needs Information form is to collect emergency contact information (home address, telephone numbers), as well as specific characteristics with regard to individuals with special needs (i.e., non-verbal, sensory, medical, likes and dislikes). Additionally, a photograph of the individual, if provided, will be attached to their file so that our officers can easily identify them.

The form will remain on file with the Lyndhurst Police Department, and the information provided will be kept confidential. Please note that the completion of this form is entirely **voluntary**. If you choose to provide the information requested, you are not obligated to disclose medical information.

You may either return the completed form and photograph to our agency at 367 Valley Brook Avenue, Lyndhurst, NJ 07071 Attn: Special Operations Division or e-mail the form with photograph to specialoperations@lyndhurstnjpolice.gov. We ask that you include your email address on the form so that we can contact you in the future for updated information and a photograph.

We appreciate the opportunity to better serve our community through this new initiative.

Sincerely,
Michael Carrino
Chief of Police



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SPECIAL NEEDS INFORMATION FORM

Date: _____

Name of Special Needs Person: _____

Nickname: _____ Address: _____

City: _____ State: _____ Zip: _____ Home Phone: _____

Cell Phone: _____ Other: _____

Date of Birth: _____ Height: _____ Weight: _____ Eye Color: _____

Hair Color: _____

Scars or Identifying Marks:

Medical Conditions:

Method of communication, if non-verbal: sign language, picture boards, written word, assistive technology, etc.:

Identification worn: ex: jewelry/Medial Alert®, clothing tags, ID card, tracking monitor, etc.:

Current prescriptions:

Sensory or medical issues and requirements, if any:

Inclination for wandering behaviors or characteristics that may attract attention:

Favorite attractions and locations where person may be found if missing:

Likes and dislikes (include approach and de-escalation techniques):

Emergency Contact Name 1: _____

Phone: _____

Address: _____ City: _____ State: _____

Zip: _____ Email Address: _____

Emergency Contact Name 2: _____

Phone: _____

Address: _____ City: _____ State: _____

Zip: _____ Other Important Information _____

Please return this form in person or via email with a current photograph (optional) to
specialoperations@lyndhurstnjpolice.gov Questions: (201) 939-2900 x 2603