

# COUNTY OF SUFFOLK



## POLICE DEPARTMENT

### Special Needs/Silver Alert Program

The Suffolk County Police Department is pleased to inform you of the availability of our Special Needs/Silver Alert program. This program enables individuals, parents, guardians, relatives or other caregivers to register information regarding persons with special needs in the Police Department's database. The intention of the program is to have this information furnished to police officers who may be responding to an emergency situation involving that person so the officers can better care for the person's needs. The Special Needs/Silver Alert program is designed for people with:

- ◆ Dementia (including Alzheimer's Disease)
- ◆ Developmental Disabilities (including Autism Spectrum, Intellectual Impairment, etc.)
- ◆ Severe Mental Illness
- ◆ Other cognitive disorders that may impair reasoning, resulting in a person wandering or being disoriented/lost

Persons registering for the program can request an identification bracelet be mailed to them by filling out the Special Needs/Silver Alert Registry form. The bracelet is **free of charge** and contains a distinctive number as well as a number for the Suffolk County Police Department that first responders can utilize in contacting the police to obtain information regarding that person.

To find out more about the Special Needs/Silver Alert program, please visit our website at: [www.suffolkpd.org](http://www.suffolkpd.org) and click on **Amber/Silver Alert**. If you are interested in using the registry, please download the registration form, which can be completed online, or you can fill out the form **located on the reverse side**. The form must be signed; therefore, it cannot be submitted electronically but must be returned via mail to the Special Needs Coordinator at the address listed below. We would also appreciate receiving a **recent photo of the person to be registered (please print the name and date of birth on the back of the photo)**. The information on the form will be entered into a Suffolk County Police Department database designed exclusively for Special Needs/Silver Alert and, if requested, the I.D. bracelet will be mailed to you within a short period of time.

***For further information, please contact:***

Bernadette Zimmermann  
Special Needs Coordinator  
Suffolk County Police Department

**E-mail:** Bernadette.zimmermann@suffolkcountyny.gov



### ACCREDITED LAW ENFORCEMENT AGENCY

Visit Us Online at [www.suffolkpd.org](http://www.suffolkpd.org)  
Crime Stoppers Confidential Tip Hotline 1-800-220-TIPS  
Non-Emergencies Requiring Police Response, Dial (631) 852-COPS

**30 Yaphank Avenue, Yaphank, New York 11980 – (631) 852-6000**





PERSON WITH SPECIAL NEEDS INFORMATION:

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

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

PERSONAL DESCRIPTION

DOB: \_\_\_\_\_ Race: \_\_\_\_\_ Hair: \_\_\_\_\_ Sex:  Male  Female

Eyes: \_\_\_\_\_ Hgt: \_\_\_\_\_ Wgt: \_\_\_\_\_ Glasses:  Yes  No

Scars/ Birthmarks/Tattoos: \_\_\_\_\_

- Dementia (e.g. Alzheimer's)  Developmental Disabilities (e.g., Autism Spectrum, Intellectual Impairment, etc.)
- Severe Mental Illness  Other cognitive disorders that may impair reasoning, resulting in a person wandering or becoming disoriented/lost

Medical Diagnosis: \_\_\_\_\_ Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

Able to walk:  Yes  No  Verbal  Non Verbal Will respond to his /her name?  Yes  No

If non verbal, can communicate in what form (e.g., signing, pictures, written) \_\_\_\_\_

Would you like a Silver Alert Bracelet mailed to you?  Yes  No Bracelet #: \_\_\_\_\_ (Assigned by P.D.)

Did you enclose a recent photo of the person you wish to register with their name and DOB on the back of the photo?  Yes  No

EMERGENCY CONTACTS

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: (H) \_\_\_\_\_ (C) \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: (H) \_\_\_\_\_ (C) \_\_\_\_\_

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

How did you hear about our services? \_\_\_\_\_

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. The Suffolk County Police Department will make reasonable effort to relay provided information to responding personnel. The Department, however, shall not be held responsible for failure to do so and no guarantee is made, expressed, or implied that said information will be relayed.

**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