



New Bedford Police Department Outreach Unit

871 Rockdale Avenue, New Bedford, MA 02740 Phone:
508-991-6300 Fax: 508-961-3022

Jonathan F. Mitchell
Mayor

Jason Thody
Chief of Police

Derek J. Belong
Assistant Deputy Chief

Scott A. Carola
Assistant Deputy Chief

N.B.P.D. Special Needs Registry Waiver

IMPORTANT: Please review the following before completing, signing, or submitting this form:

Responding to this form is strictly voluntary. The information on this form will be added to the New Bedford Police Department's record management system and may be distributed to emergency responders to better care for you or your family members. The city respects your right to confidentiality and will strive to ensure that your personal information remains confidential.

The city does not collect or maintain information about you that is not essential for your safety and well-being. By completing this Special Needs Registry form, I acknowledge that the information provided here in is accurate and was submitted voluntarily for the sole purpose of assisting Police, Fire and Emergency Response Departments in more effectively responding to a potential emergency in or near my residence. I, therefore, authorize the use of this information for those purposes.

Signature

Printed Name

Date



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N.B.P.D. Special Needs Registry Form

1. Person of Concern's Name:
2. Primary Address:
3. Date of birth:
4. Does the person of concern go by a nick name? If so, what?
5. Diagnosis:

Emergency Contacts:

1. Name: Phone #
Email:
2. Name: Phone #
Email:

Physical description

1. Height:
2. Weight:
3. Hair Color:
4. Eye Color:
5. Gender: M or F
6. Race:
7. Glasses: Y or N
8. Photo: Y or N



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History

1. Is there a special interest outside of their residence the Person of Concern drawn to?
(For example: trains, water, woods, parks, malls, traffic, etc.)

2. Has the person of concern ever run away or been reported as missing? If so, where were they found?

3. Is the person of concern verbal or non-verbal? Explain in detail

Triggers

1. Does the registered person fear Police or Fire-EMS personnel or emergency vehicles?
(Example: lights, sirens, radios)

2. How can Emergency Personnel help calm the situation?

3. Any other important information you feel we need to know that might assist us in not triggering a violent response?



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Supporting Information:

1. Does the person of concern receive services from any community agency? (Dept. of Developmental Services, Dept. of Mental Health, etc.?)

2. Any other information you would like to share?

3. Reporter's relation to the Person of Concern:
(mother, father, child, etc)

Signature

Printed Name

Date