

**ANNOUNCEMENT
FROM THE OFFICE OF
SUFFOLK COUNTY LEGISLATOR ROB CALARCO**



**Take Advantage of the Free Suffolk County Police Department
Special Needs/Silver Alert Program**

If you are a caregiver of a person with special needs (Dementia, including Alzheimer's Disease; Developmental Disabilities, including Autism Spectrum, Mental Retardation/Mental Impairment; Severe Mental Illness; Other cognitive disorders that may impair reasoning) you can ensure this person receives care appropriate to his/her needs should he/she require emergency service.

Caregivers should register information regarding this person with special needs in the police department's data base. The registration form asks for basic, straightforward information and can be easily accessed online at www.suffolkpd.org. Click on Amber/Silver Alert. Because the form must be signed, it must be returned via mail to the Special Needs Coordinator (address below) and also online.

Persons registering for the program can also request an identification bracelet (with a distinctive number and number for the Suffolk County Police Department) that first responders can use to contact the police to obtain information to help them provide vital care to the person with special needs. The entire program and I.D. bracelet are free.

Send Registration Form to:

Suffolk County Police Department
30 Yaphank Ave.
Yaphank, NY 11980

Attn: Community Outreach Bureau
Special Needs Coordinator

For Further Information, Contact:

Bernadette Zimmerman
Special Needs Coordinator
Suffolk County Police Department



POLICE DEPARTMENT COUNTY OF SUFFOLK, NEW YORK
ACCREDITED LAW ENFORCEMENT AGENCY
SPECIAL NEEDS/SILVER ALERT PROGRAM
A program for Persons with Special Needs

PDCS-8060c

PERSON WITH SPECIAL NEEDS' INFORMATION:

Last Name: _____ First Name: _____
Street Address: _____ City: _____
State: _____ Zip: _____ E-mail: _____
Phone: (H) _____ (C) _____ (W) _____

PERSONAL DESCRIPTION

DOB: _____ Race: _____ Hair: _____ Sex: ☐ Male ☐ Female
Eyes: _____ Hgt: _____ Wgt: _____ Glasses: ☐ Yes ☐ No
Scars/ Birthmarks/Tattoos: _____
Would you like a Silver Alert Bracelet mailed to you? ☐ Yes ☐ No Bracelet #: _____ (Assigned by P.D.)
Diagnosis: _____ Allergies: _____
Medications: _____
Ambulatory: ☐ Yes ☐ No Verbal: _____ Non Verbal: _____
If non verbal, can communicate in what form (e.g., signing, pictures, written) _____
Will respond to his /her name? ☐ Yes ☐ No

EMERGENCY CONTACTS

Name: _____ Relationship: _____ Phone: (H) _____ (C) _____
Address: _____ E-mail: _____
Name: _____ Relationship: _____ Phone: (H) _____ (C) _____
Address: _____ E-mail: _____

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

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: _____ Date to be removed from CAD: _____
Assigned by SCPD Entered by ITS

Send completed forms or Change of Status to:

Suffolk County Police Department
ATT: Community Outreach Bureau, Special Needs Coordinator
30 Yaphank Avenue
Yaphank, NY 11980

Submit

Reset