



Keeping Special Needs Kids Safe



LITTLE FERRY S.A.F.E. **Secure Awareness for First Encounters**

LITTLE FERRY POLICE DEPARTMENT
CHIEF JAMES WALTERS
215-217 LIBERTY STREET LITTLE FERRY, NJ 07643
201-641-2770

The Little Ferry Police Department has created a registry for our community members that are Autistic or have another communication disability in efforts to give police quick access to critical information about a person who is registered in an emergency situation. This registry will provide our officers with emergency contact information, detailed physical descriptions including a photo, medical concerns, best way to communicate, known stressors / stress reducers, and much more. This information will greatly assist our police officers when time is essential in communicating and dealing with an emergency situation.

We ask that all questions be filled out completely and a current photograph be provided. If you are unable to supply a photograph, we will be happy to take one for you. The information you provide is confidential and will only be used by law enforcement in an emergency situation.

If any information on the registration changes you are encouraged to inform us as soon as possible. This program is free to the community and another example of our committed partnership in Community Policing with our residents. You can download the registration form from our website:

www.littleferrypd.org

Please contact our records department at records@littleferrypd.org with any questions. Completed forms may be turned into our School Resource Officers or emailed to records.

Upon completion/submission of the registration form, we will provide a Little Ferry Police **LITTLE FERRY S.A.F.E.** sticker that you can proudly display on your vehicle and front entrance door. This sticker will bring awareness to responding Officers / EMS during an emergency situation while serving as a de-escalation tool.

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LITTLE FERRY S.A.F.E.

Secure Awareness for First Encounters Registry

NAME:

SEX:

DATE OF BIRTH:

RACE:

HEIGHT: WEIGHT:

EYE COLOR:

HAIR COLOR:

HAIR STYLE:

SCARS/MARKS/TATTOOS:

ADDRESS:

CITY:

PHOTO

STATE:

ZIP CODE:

EMERGENCY CONTACTS:
NAME:
PHONE NUMBER:
ADDRESS:
RELATIONSHIP:
NAME:
PHONE NUMBER:
ADDRESS:
RELATIONSHIP:
MEDICAL CONCERNS:
WHAT TYPE OF BEHAVIOR SHOULD BE EXPECTED? (KICKING, HITTING, BITING, SELF-HITTING, RUNNING AWAY):

