



Keeping Special Needs Kids Safe



LVILLE **S.A.F.E.** **Secure Awareness for First Encounters**

LAWRENCE TOWNSHIP POLICE DEPARTMENT **CHIEF CHRISTOPHER LONGO**

2211 LAWRENCEVILLE ROAD, LAWRENCEVILLE, N.J, 08648
609-896-1111

The Lawrence Township 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:

<https://www.lawrencetwp.com/departments/police>

Completed forms may be turned into a School Resource Officer, handed in at our Police Dispatch window, or emailed to Detective Suzanne Girard.

sgirard@lawrencetwp.com

Upon completion/submission of the registration form, we will provide a Lawrence Township Police **L**VILLE **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.

“Like” us on Facebook: @<https://www.facebook.com/LtwpNJPD>



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LVILLE 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: _____
 STATE: _____ ZIP CODE: _____

PHOTO

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):

