



**BOROUGH OF HALEDON
POLICE DEPARTMENT
Office of the Police Administration**
510 Belmont Avenue | Haledon, New Jersey 07508



Angelo J. Daniele
CHIEF OF POLICE
Chief Executive Officer

George Guzman, Jr.
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For Immediate Release:
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THE HALEDON POLICE DEPARTMENT EXPANDS ITS SPECIAL NEEDS REGISTRY PROGRAM

The Haledon Police Department, under the command of Chief of Police Angelo J. Daniele, is proud to announce the expansion of its Special Needs Registry Program. This initiative aims to create a comprehensive database of individuals with special needs within our community, providing essential information to our officers and enabling them to respond effectively to calls involving individuals with special needs.

Our voluntary registry designed to assist our officers in understanding the specific needs and requirements of individuals with special needs when dealing with them during emergency or routine interactions. By providing key details about communication styles, sensory needs, and other pertinent information, officers can approach situations involving individuals with special needs in a more informed and sensitive manner.

Building on the success of our Autism Registry Program, the Haledon Police Department is introducing the First Responder Special Needs Alert Registry. This expanded program will now encompass residents with various mental health conditions, including Autism, Dementia, Alzheimer's, Bipolar Disorder, and more. Participation in the registry is entirely voluntary and aims to enhance the safety and well-being of the community.

Sergeant George Kelly will serve as the primary contact for the First Responder Special Needs Alert Registry. Residents interested in participating or seeking additional information can reach Sergeant Kelly via email at gkelly@haledonpd.org. The registration form can also be downloaded from the Haledon Police website at <https://www.haledonboronj.com/police-department>.

Mayor Michael Johnson expressed his enthusiasm for the program's expansion, stating, *"We are committed to creating a safer and more inclusive community for all our residents. The First Responder Special Needs Alert Registry is another significant step forward in providing our officers with the necessary tools and information to better serve our community members with mental health conditions. We encourage eligible residents to participate voluntarily and help us build a more connected and supportive environment."*

The Haledon Police Department remains dedicated to promoting community safety and fostering positive interactions between law enforcement personnel and individuals with unique needs. By expanding the Autism Registry Program to include the First Responder Special Needs Alert Registry, the department underscores its commitment to an inclusive approach, ensuring the well-being of all residents.

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HALEDON POLICE DEPARTMENT - RESIDENT ALERT REGISTRY

Chief of Police Angelo J. Daniele • Deputy Chief of Police George Guzman, Jr.

ENROLLMENT FORM – For *HALEDON RESIDENTS ONLY* – We want to learn about any *SPECIAL NEEDS* you have, in order to better serve you in the case of an emergency.

MAIL completed form with photo to:

Haledon Police Department • 510 Belmont Avenue • Haledon, New Jersey 07508 OR EMAIL completed form with a photo to Sergeant George Kelly at gkelly@haledonpd.org

We care about your privacy. Information shared is strictly **VOLUNTARY**. Personal information will remain **CONFIDENTIAL** and protected according to federal HIPAA regulations. It will only be used to help you in the event of an emergency. It will not be used or result in the alteration or change in standard Police, Fire or EMS emergency procedures. It is your responsibility to inform us about what you would like First Responders to know about you. We will keep your information registered in our First Responders' files, until we are told by you to remove it.

Please answer all questions on this form. Write in your information, or check the box that applies to you.

HOW DO WE FIND YOU?

NAME		DATE	AGE	
<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	EMAIL ADDRESS			
PHONE NO.		CELL PHONE NO.		
ADDRESS		APT	CITY AND STATE	ZIP
<input type="checkbox"/> SINGLE FAMILY HOUSE <input type="checkbox"/> MULTI FAMILY HOUSE				
APARTMENT BUILDING <input type="checkbox"/> YES <input type="checkbox"/> NO		FLOOR	ELEVATOR <input type="checkbox"/> YES <input type="checkbox"/> NO	
DO YOU LIVE ALONE? <input type="checkbox"/> YES <input type="checkbox"/> NO		DO YOU LIVE WITH FAMILY? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> OTHERS		
IS THERE AN OWNER OR MANAGER OR NEIGHBOR IN YOUR BUILDING TO CONTACT TO HELP US IN CASE OF AN EMERGENCY? <input type="checkbox"/> YES <input type="checkbox"/> NO				
WHO ELSE HAS KEYS OR ACCESS TO YOUR HOME TO HELP US REACH YOU?				
CONTACT NAME		UNIT OR APT#	PHONE	

PLEASE TELL US IF YOU HAVE SPECIAL MEDICAL NEEDS, OR SPECIAL MEDICAL EQUIPMENT

DO YOU MOVE FREELY ON YOUR OWN? <input type="checkbox"/> YES <input type="checkbox"/> NO		NEED ASSISTANCE? <input type="checkbox"/> YES <input type="checkbox"/> NO		YOUR WEIGHT
DO YOU USE OXYGEN AT HOME? <input type="checkbox"/> YES <input type="checkbox"/> NO		HOW IS IT STORED?		
DO YOU HAVE LIFE SUPPORT EQUIPMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO		DIALYSIS EQUIPMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO		
DO YOU HAVE AN ELECTRIC POWERED WHEELCHAIR OR MOTORIZED SCOOTER? <input type="checkbox"/> YES <input type="checkbox"/> NO		STANDARD WHEELCHAIR? <input type="checkbox"/> YES <input type="checkbox"/> NO		

HEARING IMPAIRMENT YES NO DO YOU USE A TDD SYSTEM? YES NO

BLIND YES NO LEGALLY BLIND YES NO OTHER VISUAL PROBLEMS YES NO

IF YES, PLEASE EXPLAIN

PLEASE TELL US IF YOU HAVE DEVELOPMENTAL DISABILITIES OR MENTAL HEALTH ISSUES

DEVELOPMENTAL OR NEUROLOGICAL DISABILITIES YES NO AUTISM OR SIMILAR CHALLENGES YES NO

DIFFICULTY SPEAKING WITH OTHER PEOPLE YES NO ARE YOU UNABLE TO SPEAK YES NO

PROBLEMS DEALING WITH STRANGERS YES NO DIFFICULTY RESPONDING TO WHAT PEOPLE ASK YOU TO DO YES NO

SIGNIFICANT MOBILITY DIFFICULTIES YES NO LIFESAVER TRACKING DEVICE YES NO

PTSD YES NO WANDER AWAY YES NO SERVICE ANIMAL YES NO

FRIENDS, FAMILY, AND EMERGENCY CONTACT INFORMATION

ARE YOU FILLING OUT THIS ENROLLMENT FORM OR IS SOMEONE ELSE FILLING OUT THIS FORM FOR YOU? SELF OTHER

NAME	PHONE NO.
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EMERGENCY CONTACT (WHO TO CALL IN THE EVENT OF AN EMERGENCY)

NAME	PHONE NO.
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WHO IS YOUR DOCTOR, IN CASE WE NEED TO CALL ON YOUR BEHALF?

NAME	PHONE NO.
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OTHER INFORMATION

NICKNAME YES NO IF YES:

PRIMARY LANGUAGE ENGLISH SPANISH OTHER IF OTHER:

IS THERE A WEAPON IN YOUR HOME? YES NO A GUN OR OTHER FIREARM? YES NO

DOGS? YES NO OTHER PETS? YES NO IF YES, ARE THEY AGGRESSIVE? YES NO

ALARM SYSTEM YES NO

KEYHOLDER NAME	KEYHOLDER PHONE NO.
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IS THERE ANYTHING ELSE SPECIAL OR DIFFERENT ABOUT YOU THAT WE SHOULD KNOW IN ORDER TO HELP YOU?

SIGNATURE	DATE
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