

Huntsville Police Department

Special Needs Registry



The Huntsville Police Department is pleased to offer the community a helpful new service to give greater peace of mind to our city's senior and special needs population, their families and caregivers. From time to time, our officers are called upon to assist a lost senior citizen or dependent person. Often these individuals are disoriented and unable to remember their names or where they live. They sometimes experience a long wait while the officers attempt to identify them and return them to their home. Citizens of Huntsville can now register a family member with the police department by providing personal information, medical information, emergency contact numbers for relatives, and a photograph of the registrant. This will greatly aid the police department should an Alzheimer's or special needs individual become missing or be found by the police and be unable to provide information.

To register a special needs person of **ANY** age, please complete and either drop off or mail the special needs registry form to the Huntsville Police Department, 1220 11th Street, Huntsville, Texas 77340. These forms can be found on the police department website, <http://www.HuntsvillePolice.com/> under "Quick Links" on the right side of the page or can be picked up at the police department during the hours of 8 a.m. to 5 p.m., Monday through Friday.

All information will remain confidential and will only be accessed by law enforcement to locate or return a loved one.

The Huntsville Police Department strives to continue to provide quality service and protection for the citizens of our city. For additional information or to participate, please contact Senior Officer David Warner at dwarner@huntsvilletx.gov or call 936-291-5493.



Huntsville Police Department Special Needs Registration Form

Please complete the following information



SECTION 1: Person Being Registered

NAME (LAST, FIRST MI)			DATE OF BIRTH:		SOCIAL SECURITY NUMBER:	
FULL ADDRESS (STREET APT # CITY ZIP):						
ALTERNATE ADDRESS (STREET APT # CITY ZIP):						
PHONE #:				ALTERNATE PHONE #:		
SEX:	HEIGHT:	WEIGHT:	EYE COLOR:	HAIR COLOR:	LANGUAGE SPOKEN:	
RACE: <input type="checkbox"/> ASIAN <input type="checkbox"/> AFRICAN AMERICAN <input type="checkbox"/> WHITE <input type="checkbox"/> HISPANIC <input type="checkbox"/> INDIAN <input type="checkbox"/> OTHER					COMPLEXION: <input type="checkbox"/> FAIR <input type="checkbox"/> MEDIUM <input type="checkbox"/> DARK	
REGULARLY WEARS: <input type="checkbox"/> GLASSES <input type="checkbox"/> CONTACTS <input type="checkbox"/> WIG <input type="checkbox"/> HEARING AIDS <input type="checkbox"/> OTHER(explain):						
REGISTRANT HAS: <input type="checkbox"/> BEARD <input type="checkbox"/> MUSTACHE <input type="checkbox"/> SCARS <input type="checkbox"/> MOLES <input type="checkbox"/> TATTOOS <input type="checkbox"/> BIRTHMARK <input type="checkbox"/> OTHER(explain):						
TYPICAL CLOTHING (describe):						
OTHER MEDICAL CONDITIONS (explain):						



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SECTION 2: Photos of Person Being Registered



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SECTION 3: Care Giver / Contact Person

PRIMARY CONTACT PERSON

NAME (LAST, FIRST MI):		RELATIONSHIP TO REGISTRANT:	
FULL ADDRESS (STREET APT# CITY ZIP):			
HOME PHONE #:	WORK PHONE #:	CELL PHONE #:	

PLEASE LIST TWO ADDITIONAL CONTACTS:

NAME (LAST, FIRST MI):		RELATIONSHIP TO REGISTRANT:	
FULL ADDRESS (STREET APT# CITY ZIP):			
HOME PHONE #:	WORK PHONE #:	CELL PHONE #:	

NAME (LAST, FIRST MI):		RELATIONSHIP TO REGISTRANT:	
FULL ADDRESS (STREET APT# CITY ZIP):			
HOME PHONE #:	WORK PHONE #:	CELL PHONE #:	



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SECTION 4: Other Information (Detail any other information that may be helpful.)

SECTION 5: Release

I, the undersigned, for myself and the registrant named above do hereby authorize the Huntsville Police Department to release information in response to Emergency Calls, including missing person incidents, regarding the registrant and do further indemnify and hold harmless the Huntsville Police Department and its employees.

PRINT NAME: _____

X _____

SIGNATURE:

DATE FORM COMPLETED: _____