

Brooklyn Heights Police Special Needs Registry

The Brooklyn Heights Police Special Needs Registry is a voluntary registry of individuals with special needs who may come into contact with the police department. The goal of the program is to give police quick access to information about registered individuals in an emergency situation or in the event they wander away from a safe environment.

Who is considered special needs?

- Individuals diagnosed with an Autism Spectrum Disorder
- Individuals diagnosed with Dementia or Alzheimer's, who may be prone to wandering away from a safe environment
- Individuals who have cognitive or mental health impairments

Eligible individuals need only to complete the attached form and return it the Brooklyn Heights Police Department. Forms are available on our website at www.brooklynhts.org, stopping by the police station, or calling our office at 216-741-1327.

Our department's mission is to ensure the safety and well-being of the residents of Brooklyn Heights. The Special Needs Registry is strongly encouraged for all individuals who have special needs should an emergency event arise.

For more information on this service, contact Chief Daniel Algeri at 216-741-1327 or by email at police@brooklynhts.org. Thank you for your anticipated cooperation in the Brooklyn Heights Police Special Needs Registry.

Mail or drop off completed forms to:

Brooklyn Heights Police Department

345 Tuxedo Ave.

Brooklyn Heights, Ohio 44131

Brooklyn Heights Police Special Needs Registry

Complete Form, Affix Photograph & Return to Brooklyn Heights Police Department

345 Tuxedo Ave. Brooklyn Heights, Ohio 44131

Name of Resident: _____

Address: _____

Telephone: _____ Date of Birth: ___/___/___ Height: _____ Weight: _____

Race: _____ Hair Color: _____ Eye Color: _____ Gender: Male Female

Diagnosis: _____

Glasses: Yes No Hearing Impaired: Yes No

Verbal: _____ Non Verbal: _____

Special Information (Temperament, places they like to go, touch or sound sensitive, etc.): _____

Emergency Contact:

Name: _____

Relationship: _____

Address: _____

Phone Numbers: _____ / _____

Alternate Contact:

Name: _____

Relationship: _____

Address: _____

Phone Numbers: _____ / _____

