





HP S.A.F.E. Secure Awareness for First Encounters

HIGHLAND PARK POLICE DEPARTMENT Chief Richard Abrams

222 South Fifth Avenue, Highland Park. NJ 08904

732-572-3800

The Highland Park Police Department has created a registry for our community members who have a communication impairment, such as autism or those with social/ emotional challenges which may interfere with their ability to self regulate in stressful situations, 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.hpboro.com/hpsafe

Please contact Officer Brian O'Mara at bomara@hpboro.com with any questions. Completed forms may be turned into our Police Dispatch window or emailed to Officer O'Mara.

Upon completion/submission of the registration form, we will provide a Highland Park Police HP 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.







HP S.A.F.E. Secure Awareness for First Encounters Registry

	NAME:	NAME:		SEX:	
	DATE OF BIRTH:	RACE:	HEIGHT:	WEIGHT:	
	EYE COLOR:	EYE COLOR: HAIR COLOR: HAIR ST		TYLE:	
	SCARS/MARKS/TA	SCARS/MARKS/TATTOOS:			
	ADDRESS:	ADDRESS:			
	CITY:				
РНОТО	STATE:	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-HITTIN	IG,
RUNNING AWAY):	

BEST WAY TO APPROACH HIM/HER:

HOW DOES HE/SHE COMMUNICATE? (VERBAL, SIGN LANGUAGE, TECHNOLOGY, PICTURE CARDS)?:

HOW DOES HE/SHE RESPOND TO STRESS? (ROCK, HIDE, SCREAM, KICK/HIT. SHUT DOWN):

WHAT WORKS BEST TO REDUCE STRESS? (SPECIFIC TOY OR OBJECT, MUSIC, QUIET ENVIRONMENT):

ARE THERE SPECIFIC STRATEGIES TO CALM HIM/HER?

IF HE/SHE CANNOT COMMUNICATE, ARE THERE ANY CHARACTERISTICS THAT WOULD HELP US ID HIM/HER?

ANYTHING ELSE WE SHOULD KNOW: