COLUMBIA COUNTY SHERIFF'S OFFICE

SPECIAL NEEDS REGISTRY

The Special needs Registry Program is completely voluntary and none of the information on this form is mandatory.

The Special needs Registry is a way for the Columbia County Sheriff's Office to receive information about residents who have special needs that would be helpful for emergency responders to know.

The registry is available to any person of any age with any type of medical condition or disability, including but not limited to: Autism Spectrum Disorder, Alzheimer's or Dementia, Bipolar Disorder, and Down Syndrome. Individuals with other special needs may also apply. All applications will be reviewed, and the information will be confirmed in person by the Columbia County Sheriff's Office Community Services Division prior to inclusion in the database.

Registration Procedures:
The Applicant or their Parent/Guardian should complete the registration form on a paper copy or by an electronic pdf (preferred). The application can be submitted to the Columbia County Sheriff's Office Community Services Division, by:

EMAIL - to CommunityAffairs@columbiasheriff.org
(with subject line: Special Needs Registry Application)

US Postal - Columbia County Sheriff's Office
Community Services Division
4917 US HWY-90 E
Lake City, FL. 32055

In-Person - Main Operations
4917 US HWY-90 E
Lake City, FL. 32055

District 2 Operations
118 SW Wilson Springs Rd.
Fort White, FL. 32038

Once registered, participants will receive a specialized Columbia County Sheriff's Office Special Needs vinyl decal to be displayed at the main entrance to the residence. Additional decals may be obtained for additional prominent entrance ways or vehicles if desired.

A premise note will be added to the address and/or designated vehicle at the Communications Center so that the responding deputies may be advised of the special needs individual prior to arrival and/or contact. This notification can provide useful information to the deputies so that they can better interact and communicate with the individual. The registry can also provide emergency contact information, that will **only be used** during an emergency, to be able to notify parents/guardians or selected people in a timely manner if the need arises.

SPECIAL NEEDS REGISTRY

APPLICANT INFORMATION

NAME: _____
First Middle Last

D.O.B: _____ Race:_____ Gender: ☐ Male / ☐ Female

Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____

Primary Language: _____

Identifying Features: (Scars/ Birthmarks/ Tattoos/ Etc.)

_____

_____

_____

Phone Number: _____ E-Mail: _____

DISABILITY/ SPECIAL NEEDS/ MEDICAL NEEDS

Primary Diagnosis: _____

Co-Existing Diagnosis: _____

Additional Information: _____

_____

_____

Medications: _____

Doctor w/ Contact Number: _____

INTERACTION

What are some characteristics that are associated with this person?
(i.e. typical behaviors, triggers, sensory issues, calming strategies, audio/visual aids, etc.)

_____

_____

_____

_____

_____

_____

_____

What is the best method of communication with this person?
(i.e. words, pictures, electronic means, sign language, etc.)

_____

_____

_____

_____

APPLICANT RESIDENTIAL INFORMATION

Home Address: _____

_____
City State Zip

Phone Number: _____

Specific Contact Information (preferred door, yard hazards, animals, key codes, etc.)

_____

_____

SPECIAL NEEDS REGISTRY

VEHICLE INFROMATION (use for the vehicle primarily used by applicant)

Vehicle Tag: _____ Vehicle Year: _____

Make/Model: _____ Color: _____

**** If displaying vinyl sticker on vehicle, place sticker in visible lower back windshield area.**

EMERGANCY CONTACT

Parent/Guardian Name: _____

Cell Phone #: _____ Additional #: _____

Email: _____

Place of Employment: _____

Addt. Contact Name: _____

Relation: _____

Cell Phone #: _____ Additional #: _____

Address: _____

Place of Employment: _____

Addt. Contact Name: _____

Relation: _____

Cell Phone #: _____ Additional #: _____

Address: _____

Place of Employment: _____

SPECIAL NEEDS REGISTRY

Please carefully read this information and submit **all** pages back to the Columbia County Sheriff's Office. Again, this application can be submitted in person, by U.S. Mail, or through email at the above provided address.

Check One:

☐ I am the registered individual.

☐ I _____, am the parent or legal guardian of the registered applicant. My relationship to the applicant is his/her _____.

STATEMENT REGARDING PURPOSE OF SPECIAL NEEDS REGISTRY

I acknowledge and fully understand:

1) That the information I am providing to the Columbia County Sheriff's Office for the Special Needs Registry will be maintained in a database readily accessible to law enforcement and first responders, so that it may assist such responders during calls for service in relation to the applied individuals. Law enforcement agencies are not HIPAA-covered entities and are not subjected to the privacy rules et forth in the HIPAA law;

2) That by enrolling myself or someone else with the Columbia County Sheriff's Office for the Special Needs Registry, the personal information provided may be used by emergency personnel including, but not limited to, law enforcement officers, fire departments personnel, and emergency medical services (first aid/ paramedics), in the event of an emergency situation; and

3) That completion of this form and participation in the Special Needs Registry is voluntary. Participation in the Special Needs Registry does not guarantee and is not intended to create, convey or warrant, either expressly or impliedly, certain outcomes, rights, duties, promises, benefits, or special treatment based on the information provided to the Columbia County Sheriff's Office upon registration and participation in this program.

RELEASE and HOLD HARMLESS AGREEMENT

For participation in the Special Needs Registry by the Columbia County Sheriff's Office, I, individually or on behalf of the registered person, as applicable, hereby waive, release, discharge, and hold harmless the County and/or Agency form and against all claims, losses, damages, personal injuries(including but not limited to death), or liability (including reasonable attorney's fees), which directly or indirectly arise out of or result from any act or failure to act based on the information received through the Registry or which relates to the dissemination of information received through the Registry.

I represent by signing below that the information provided is truthful, and that I am authorized to submit it on my own behalf or as the parent or legal guardian with authority to submit it on behalf of another for inclusion into the Special Needs Registry administered by the Columbia County Sheriff's Office.

Signature: _____ Date: _____

Printed Name: _____

SPECIAL NEEDS REGISTRY

FREQUENTLY ASKED QUESTIONS

- **What is the Special Needs Registry by the Columbia County Sheriff's Office?**

  The registry is intended to compile and maintain a list of individuals who have "special needs" due to mental or neurological disabilities, and who reside within Columbia County, Florida. Residents are invited to proactively provide information about any individual that has special needs, who may require special assistance in an emergency situation or interaction with Columbia County Sheriff Deputies or other Columbia County first responders. The program is 100% Voluntary on the applicants and/or legal parent/guardians. None of the fields on the applications are mandatory and applicants may choose what information they would like to provide.

- **Who is eligible?**

  The registry is developed to serve **ALL** members of Columbia County, Florida, who have a "special need" and who voluntarily register with the Columbia County Sheriff's Office.

- **Who has access to the registered person's information?**

  The registry information will be available to Columbia County First Responders in the event of calls for service relating to that specified registered person. The information may also be shared to another first responder agency in the event of their assistance with Columbia County First Responders in an emergency event.

- **Will this information be immediately available upon registration?**

  No. The information will not be immediately available as the application will have to be reviewed, information verified and then uploaded into the database. The process could take up to two weeks to be completed, and information be readily available.

- **How can update the registered members' profile or make changes?**

  Information can be updated anytime it might have a significant impact on first responder response. Such changes can be a new address, new vehicle information, changing emergency contact information, updated prognosis, or new contact methods, etc.) Changes can be made by emailing the Columbia County Sheriff's Office at CommunityAffairs@columbiasheriff.org or by submitting a new registry form.

- **How will this registry help the registered individual?**

  The registry helps provide information to first responders who may have contact with the registered person during a call for service. This information allows the first responders to be aware of a special circumstance when arriving on scene, so that they can contact and help the person with "special needs" in the best way possible. This may allow them to know what "triggers" could cause combativeness, and what things may calm someone who is in excited delirium. The information may also help locate individuals who tend to hide or wander off. The benefit of the information is limitless.