RALEIGH COUNTY SHERIFF'S OFFICE

Autism & Special Needs Registry

308 NED PAYNE DRIVE BECKLEY, WV 25801
P: 304-255-9300 F:304-255-9300
www.raleighcountysheriff.com

The RALEIGH COUNTY SHERIFF'S OFFICE Special Needs Registry is a program designed to provide assistance to individuals with special needs due to mental, developmental, cognitive, or neurological disabilities. The registry helps compile and maintain a list of individuals who live or frequently visit Raleigh County and require special assistance in case of an emergency or interaction with Raleigh County Deputies or other Public Safety Responders, including Law Enforcement, Paramedics, Fire Fighters, etc.

Participation in this registry is completely voluntary. Anyone who wishes to enroll their loved one with special needs of any age, including adults, can complete the Special Needs Registry Form and submit it to the Raleigh County Sheriff's Office. The form requests information about the individual's medical condition, including any medications they may need, as well as their preferred method of communication. It is recommended that a photograph of the person with special needs is included with the Special Needs Registry Form.

Parents, caregivers, and adults with special needs can all enroll in the registry regardless of age or medical condition. Conditions that are included in the registry are Autism Spectrum Disorder, Bipolar Disorder, Down Syndrome, and others.

Once a person is registered, the Raleigh County Emergency services/911 Center can provide responders with the necessary information to interact with and communicate with the person effectively. The information provided by the registry can help responders understand the individual's unique needs and offer appropriate assistance. Additionally, the 911 Center can provide the contact information of the person who registered the individual with special needs.

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Please take note of the following: *By completing this form, you authorize the disclosure of the information provided below to Public Safety Responders. All questions included in this form are strictly confidential. They will be used solely to enhance the interaction between the individual listed and Public Safety Responders, including law enforcement, fire, emergency medical care providers, and school officials.*

While the Raleigh County Sheriff's Office will make every effort to ensure that this information is relayed to the appropriate personnel, please be aware that completion of this form does not guarantee immediate accessibility and sharing of the information provided.

We strongly advise that you submit this form annually with updated information. Please note that the information will be removed once the name file is updated. Kindly include at least one current photograph of your loved one with the completed form.

Date of completion:	**Due date to review and update the form:**	**Current School Year: (if applicable)**
Last name:	First name:	M.I.
Date of birth:	Gender:	Race:
Preferred name/nicknames:		
Home address:		

City:	State:	Zip:	Phone #:

What is the individual's Primary diagnosis/disability:

Relevant medical conditions/behaviors in addition to primary diagnosis/disability (check all that apply)

☐ No sense of danger ☐ Blind ☐ Deaf ☐ Non-verbal (details below) ☐ Prone to seizures

☐ Cognitive impairment ☐ Combative/aggressive ☐ Other, please explain:

Hair:	Eyes:	Height	Weight:

Build (e.g. thin, stocky, tall, etc):

Scars, marks or tattoos:

Identification worn? (Jewelry, Medic Alert, Clothing Tags, ID Card, Tracking Monitor, etc.)

Is the individual able to communicate verbally? (If non-verbal; sign language, picture boards, written words, etc.)
Does the individual have an awareness of dangers? (Roads, water, heights, strangers, etc.)
Are there any major triggers that affect the individual? (loud noises, bright lights, etc.)
Is elopement (running away) an issue with the individual? If so, where were they located?
What helps to soothe and comfort the individual when they are upset? (Being aware could help enable first responders with meltdowns, combative behaviors, etc.)
How would the individual react to sirens, K9s, and people in uniforms?
Does the individual frequent / gravitate to water, playgrounds, etc.? Do they have favorite location? (If yes, give locations)

EMERGENCY CONTACT				
Last name:	First name:	Middle Initial:	Date of Birth:	Legal Guardian: Yes ☐ No ☐
Primary phone #:	Other phone #:	Relationship:		
Home address:				
City:	State:	Zip:	Email:	
Employer name & address:				

SECONDARY EMERGENCY CONTACT				
Last name:	First name:	Middle Initial	Date of Birth:	Legal Guardian: Yes ☐ No ☐
Primary phone #:	Other phone #:	Relationship To Subject:		
Home address:				
City:	State:	Zip:	Email:	
Employer name & address:				

PROJECT LIFESAVER

"Bringing loved ones home."

The Beckley/Raleigh County Project Lifesaver program is managed by the City of Beckley Fire Department

Project Lifesaver is a proactive search and rescue program that utilizes radio tracking technology to locate persons with cognitive disabilities (such as Autism, Alzheimer's, dementia, traumatic brain injury, etc.) who tend to wander from their care-givers.

Participants on the program are provided with a transmitter that is worn on their wrist or ankle. Each transmitter emits a unique radio frequency tracking signal. When a participant is reported missing, a specially trained Project Lifesaver search search-and-rescue team responds to the wanderer's area with the mobile locator tracking system. In areas where this system has been used, search times have been reduced from hours or days -- to minutes, which can mean the difference between life and death.

Eligibility:

- Transmitters will be placed with clients ONLY at the request of a legally responsible party
- Must have a cognitive disabilty, tendency to wanter, and a primary caregiver providing ongoing, daily hands on care

☐ ***If eligible, I would like to enroll the individual into Project Lifesaver***

For more information, or to enroll a loved one in the program, contact the Beckley Fire Department at
304-256-1780
Email: clanna@beckleyfire.com
Website: www.projectlifesaver.org

PERSON COMPLETING FORM			
SAME AS EMERGENCY CONTACT: Yes ☐ No ☐		SAME AS SECONDARY EMERGENCY CONTACT: Yes ☐ No ☐	
Last name:	First name:	Middle Initial	Date of Birth:
Primary phone #:	Other phone #:	Relationship To Subject:	
Home address:			
City:	State:	Zip:	Email:
Employer name & address:			

ADDITIONAL INFORMATION
Please share any additional information that would help first responders below.

Please review and initial the following:

I am the legal parent and/or guardian of the person with special needs listed in this form:_____
My relationship to the person is _____

I acknowledge that the information provided to the Raleigh County Sheriff's Office is for law enforcement purposes and may be subject to the Freedom of Information Law. However, I understand that special needs information is protected under HIPAA laws and will be redacted when necessary._____

I hereby grant permission to the Raleigh County Sheriff's Office to retain and share the information provided in this registration form with other first responder personnel. This information will be used solely for the identification and protection of the person with special needs listed above in case of an emergency or crisis.

Signature:_____

Deliver this completed form with photograph attached to:
The Raleigh County Sheriff's Office
Attn: Special Needs Registry
308 Ned Payne Drive, Beckley, WV 25801
or send it via email to registry@raleighcountysheriff.com