Upper Saddle River Police Department
“At Risk Resident Registry”

The goal of this program is to provide police and other first responders pertinent and possibly, time-sensitive information about residents who are at risk, i.e. Alzheimer’s, Dementia, and Autism Spectrum Disorder. Having the necessary background information related to those suffering from conditions, such as Alzheimer’s, Dementia, and Autism, will greatly enhance the Police Department’s ability to properly respond to, recognize, and help reunite those who may become lost or separated from their loved ones.

All those who participate in this program are encouraged to update forms and photos, annually. Any and all information provided by those who register will be kept confidential. This information will be securely stored at the Upper Saddle River Police Department.

Those residents who sign up for the Upper Saddle River Police Department At Risk Registry are also encouraged to register for two Lifesaving Programs offered through the Bergen County Sheriff’s Department. Brochures and applications for these programs can be found at http://www.bcsd.us/Pages/CommunityOutreach.aspx or by calling the Bergen County Sheriff’s Office Community Outreach Unit at 201-336-3540.

- Project Lifesaver - Provides monitoring/tracking bracelets for those who meet the specified criteria of being at risk. In the event a loved one goes missing, a team of specially trained officers would respond and search for the individual, utilizing electronic tracking equipment.

- Gold Star Emergency Identification Program- Provides first responders with vital medical information in the event of an emergency or when individuals are unable to give that information themselves. Participants meeting the specified criteria would be given a photo identification card, which corresponds to a personal file maintained by the Bergen County Sheriff’s Department. This file contains information related to family and emergency contacts, current and prior medical conditions, and physicians’ contact information. If a Gold Star cardholder was to become incapacitated during an emergency, the Bergen County Sheriff’s Operations Unit would be able to provide Emergency Responders, pertinent medical information, and emergency contact information 24 hours per day, 7 days per week.

Any questions related to this program also can be referred to the Department’s Community Outreach Coordinator, Detective Lieutenant Edward Kane at (201) 327-2700.
Emergency Information for At Risk Residents

Name: ________________________________

Address: ___________________________________________________________________

Nickname: ____________________________

Vehicle License plate: __________________________

Electronic Monitoring/GPS contact info: __________________________________________

Method of Communication: □ Verbal □ Non-Verbal □ Sign Language □ Picture Board □ Written

Likes/De-escalation/Approach: __________________________________________________

____________________________________________________________________________

Dislikes/Fears/Sensitivities: _____________________________________________________

____________________________________________________________________________

Wandering - tendencies, attractions, locations: _____________________________________

____________________________________________________________________________

Medical – conditions/diagnosis: __________________________________________________

____________________________________________________________________________

Medical – medications, allergies: ________________________________________________

____________________________________________________________________________

Date of Birth: ______/_____/______  Height: ______  Weight: _____  Eyes: ______  Hair: ______

Scars, Marks, Tattoos, Other: ___________________________________________________

____________________________________________________________________________

Emergency Contacts:

Name: ________________________________  Relationship: __________________________

Phone Number(s): __________________________________________________________________

Address: ______________________________________________________________________

Name: ________________________________  Relationship: __________________________

Phone Number(s): __________________________________________________________________

Address: ______________________________________________________________________