



Frank G. Gendron
Chief of Police

Hightstown Police Department

415A Mercer Street, Hightstown New Jersey 08520

609-448-1234 / Fax: 609-443-0310

Email: Police@HightstownPD.Org



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

The Hightstown Police Department has created a voluntary confidential registry for community members who are autistic or have other communication disabilities. This registry is designed to provide officers with quick access to critical information during emergency situations, helping to ensure safer and more effective interactions when time matters most.

Information in the registry may include emergency contact details, physical descriptions and photos, medical concerns, preferred methods of communication, known stressors, calming strategies, and more. Having this information readily available allows officers to better understand and respond to an individual's needs during an emergency.

This program is free to the community and reflects our continued commitment to community policing and strong partnerships with our residents. Registration forms can be found under "Resident Resources" on our website at www.hightstownpolice.com, picked up at the Hightstown Police Department, located at 415A Mercer Street, or found on the Borough of Hightstown website at www.hightstownborough.com.

Completed applications can be emailed to Forms@HightstownPD.Org or dropped off at the Hightstown Police Department.

If you have any questions about this program, please contact the Hightstown Police Department at 609-448-1234.



Keeping Special Needs Kids Safe



Hightstown S.A.F.E. Team **Secure Awareness for First Encounters**

The Hightstown Police Department has made a strong commitment to improving relations and interactions between our officers and the autistic community. We have created the “**Hightstown S.A.F.E. Team**” for our community members that are autistic.

When you join the “**Hightstown S.A.F.E. Team**” you will be providing our officers with quick access to critical information about your loved one, shall an emergency occur. The information you provide will remain confidential and only be shared with first responders during an emergency.

To join the “**Hightstown S.A.F.E. Team**” please visit our station or go to our website and complete an application: hightstownpolice.com

You will be providing 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 during 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. If any information changes you are encouraged to inform us as soon as possible.

If you have any trouble filling out the application, or have any questions or concerns, please contact us 609-448-1234.

Completed applications may be turned in at our station or emailed to:
forms@hightstownpd.org

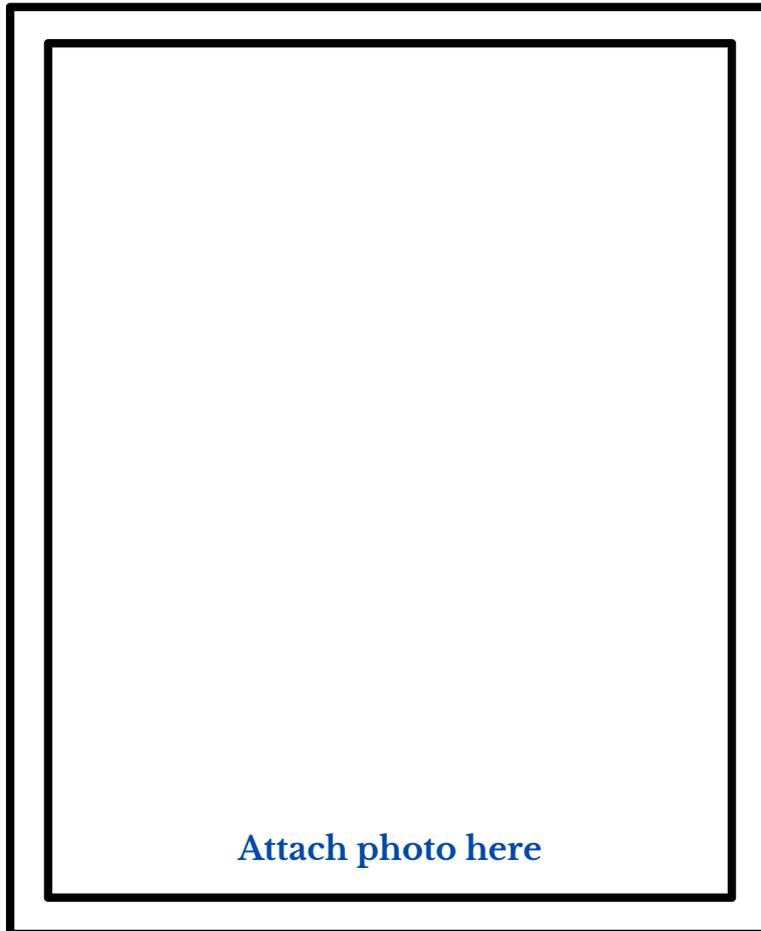


Keeping Special Needs Kids Safe



Hightstown S.A.F.E. Team

Secure Awareness for First Encounters



Attach photo here

Hightstown Township Police Department

Chief Frank Gendron

415A Mercer Street, Hightstown, NJ 08520
609-448-1234

Applicant:	
Name:	
Address:	
City / State:	
Zip Code:	
Date of Birth:	
Gender:	
Race:	
Height:	
Weight:	
Eye Color:	
Hair Color:	
Scars/Marks/Tattoos:	



Emergency Contact:	
Name:	
Phone Number:	
Email Address:	
Address:	
City / State:	
Zip Code:	
Relationship:	

Emergency Contact:	
Name:	
Phone Number:	
Email Address:	
Address:	
City / State:	
Zip Code:	
Relationship:	



Medical Concerns:

**What type of challenging behavior should be expected?
(i.e. kicking, biting, self-hitting, running away, etc.)**

Communication Methods (Check all that apply):

Verbal Non-Speaking Sign Language Written Augmentative / Speech Assistance Device

Explain how they typically communicate?



Does he/she drive a motor vehicle?

Yes No

Registration State:

License Plate:

Make:

Model:

Color:

Are there any triggers which affect him/her?
(i.e. loud noises, bright lights, police/fire/ems sirens, etc.)

Best way to approach him/her?



**How does he/she respond to stress?
(i.e. rock, hide, scream, kick/hit, shut down, etc.)**

**What works best to reduce stress?
(i.e. specific toy or object, music, quiet environment, etc.)**

Are there specific strategies to calm him/her?

**Does he/she frequent a location?
(please provide exact address if known)**

