



# BLOOMFIELD

POLICE DEPARTMENT



Dear Residents,

The Bloomfield Police Department would like to better serve the Autistic/Special Needs community. To further assist this community we are asking parents/guardians and caretakers of Autistic/Special Needs individuals to complete the attached Emergency Information Form. This form will enhance police officer(s) communication and response skills. The completed form will be entered into our computer database, allowing responding police officers to access the information you have provided on the emergency form. This will provide the officer with a better understanding of how to handle the situation. Our goal is to provide effective and safe outcomes with every call we handle and these forms will help us achieve that goal.

All information you provide will only be entered into our police database and will be strictly confidential. We also would like to recommend submitting a photograph of the person on the form so that we could better identify someone in the event that they went missing. Please return the emergency information form at your earliest convenience to the Records Bureau of the Bloomfield Police Department. Thank you for helping us assist the Autistic/Special Needs citizens in our community.

Sincerely,

Director Samuel A DeMaio



**BLOOMFIELD POLICE DEPARTMENT  
YOUTH AID DIVISION**

(973) 680-4072 Email: bpdyaab@yahoo.com



**CHILDREN WITH SPECIAL NEEDS**  
**Information Form**

**CHILD INFORMATION**

NAME: \_\_\_\_\_  
AGE: \_\_\_\_\_  
DOB: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_

Photo

SPECIAL NEED: \_\_\_\_\_

MISC.: (ie. - friends, school, places frequented, last located)

**PARENT(S)/GUARDIAN(S)**

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_  
WORK ADDRESS: \_\_\_\_\_  
WORK PHONE: \_\_\_\_\_

**EMERGENCY CONTACT(S)**

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_  
WORK ADDRESS: \_\_\_\_\_  
WORK PHONE: \_\_\_\_\_

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# BLOOMFIELD POLICE

## AUTISM/SPECIAL NEEDS AWARENESS FORM

NAME OF CHILD OR ADULT: \_\_\_\_\_

NICKNAME IF ANY: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ HEIGHT: \_\_\_\_\_ SEX: \_\_\_\_\_ RACE: \_\_\_\_\_

WEIGHT: \_\_\_\_\_ EYE COLOR: \_\_\_\_\_ HAIR COLOR: \_\_\_\_\_

SCARS OR IDENTIFYING MARKS: \_\_\_\_\_

MEDICAL CONDITIONS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

METHOD OF COMMUNICATION IF NON VERBAL: (SIGN LANGUAGE, WRITTEN WORD, ETC.)  
\_\_\_\_\_

IDENTIFICATION WORN: (JEWELRY/MEDICAL ALERT, CLOTHING TAGS, TRACKING MONITOR)  
\_\_\_\_\_

TRIGGERS OR ADVERSIONS:  
\_\_\_\_\_

CONVERSATION STARTERS:  
\_\_\_\_\_

INCLINATION FOR WANDERING BEHAVIORS OR CHARACTERISTICS THAT MAY ATTRACT ATTENTION:  
\_\_\_\_\_

FAVORITE ATTRACTIONS OR LOCATIONS WHERE PERSON MAY BE FOUND IF MISSING:  
\_\_\_\_\_

LIKES AND DISLIKES (DE-ESCALATION TECHNIQUES): \_\_\_\_\_  
\_\_\_\_\_

PARENTS/CAREGIVER NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

OTHER EMERGENCY MEDICAL CONTACT INFO: \_\_\_\_\_

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# BLOOMFIELD POLICE DEPARTMENT

**Youth Aid Unit**  
**TOWNSHIP OF BLOOMFIELD**  
New Jersey 07003



**Samuel A. DeMaio**  
Police Director

[BPDYAB@YAHOO.COM](mailto:BPDYAB@YAHOO.COM)

973-680-4072  
FAX- 973-680-4071

**SGT. GEORGE RICCI**  
Commander of Y.A.U.

The below is the contact information for the detectives of the juvenile unit.

The main number for the office is;  
973-680-4072

D/Sgt. G. Ricci  
973-680-4073  
[gricci@bloomfieldnjpd.com](mailto:gricci@bloomfieldnjpd.com)

Det. M. Menzel  
973-680-4159  
[mmenzel@bloomfieldnjpd.com](mailto:mmenzel@bloomfieldnjpd.com)

Det. J. Romano  
973-680-4074  
[jromano@bloomfieldnjpd.com](mailto:jromano@bloomfieldnjpd.com)