



## MIAMI DADE COUNTY TOWN OF MIAMI LAKES POLICE DIVISION SPECIAL NEEDS SAFETY PROGRAM APPLICATION FORM

### **What is the Town of Miami Lakes Police Division Special Needs Safety Program?**

To better serve those with special needs in our community, the Town of Miami Lakes has created a special needs safety program. The Safety Program is intended to compile and maintain a list of individuals who have “special needs” due to mental or neurological disabilities, and who reside within the Town of Miami Lakes. Residents are invited to proactively provide information about themselves, their child, or ward with special needs, regardless of age, who may require special assistance during an interaction with Miami Dade County Police Officers.

**The Special Needs Safety Program program is completely voluntary.**

**None of the information requested on this form is mandatory.**

### **Registration Procedures**

To register, please complete the Special Needs Safety Program Application Form and return the document in a sealed envelope to the Town of Miami Lakes Police Division Office. Forms can be dropped off at Town Hall Police Division Office, Attention Officer Robin Amador (6601 Main Street, Miami Lakes, FL 33014) or emailed to ramador@mdpd.com. You may also schedule a time for the Special Needs Safety Program Application Form to be picked up by calling 305.827.4020. Guardians of the minor or adult incapacitated or capable adults with special needs may enroll.

### **What happens once the person is registered?**

When a Miami Dade County Officer has contact with a person listed in the program, our 9-1-1 center can provide useful information to successfully interact and communicate with your loved one. The 911 dispatcher will also be able to provide the officer with parent or caregiver’s emergency contact information so that the officer may communicate with a family member to determine the best approach for a successful interaction with your loved one.



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**PERSONAL INFORMATION**

**Please input the personal information of the special needs individual below.**

Name (First, Middle, Last): \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Gender: \_\_\_\_\_

Race: \_\_\_\_\_

Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Identifying Features (Scars/Birthmarks/Tattoos): \_\_\_\_\_

Verbal or Non-Verbal: \_\_\_\_\_

Primary Language: \_\_\_\_\_

**RESIDENTIAL INFORMATION**

Home Address: \_\_\_\_\_

City, State, and Zip Code: \_\_\_\_\_

Development Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_



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**PARENT OR GUARDIAN INFORMATION**

**Please input the personal information of a Parent and/or Guardian below.**

Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Email Address: \_\_\_\_\_

**ADDITIONAL CONTACT INFORMATION**

Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Email Address: \_\_\_\_\_

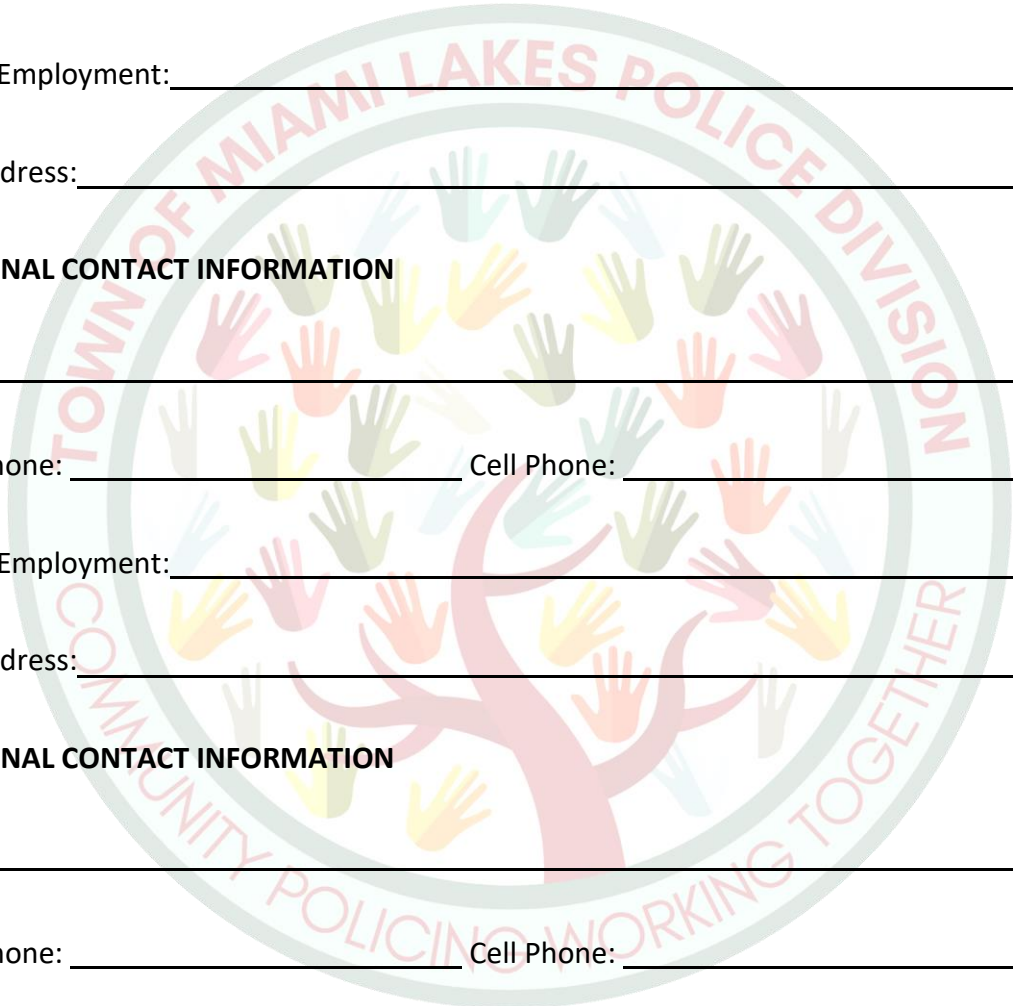
**ADDITIONAL CONTACT INFORMATION**

Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Email Address: \_\_\_\_\_





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**PROGRAM INFORMATION**

**Please input the personal information of the special needs individual below.**

Primary Diagnosis: \_\_\_\_\_

Co-Existing Diagnosis: \_\_\_\_\_

Additional Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Medication(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Doctor: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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**Please list any characteristics that are associated with this person:**

*(Examples include sensory issues, certain behaviors, physical aggression, calming strategies, trigger mechanisms, audio or visual aids, or previous dealings with police.)*

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**What is the best method of communication with this individual?**

*(Examples include words, pictures, electronic devices, etc.)*

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**Please carefully read this information and print all pages.**

I am an individual, or I am the lawful and legal parent and/or guardian of a person with special needs. The individual listed in this safety program is \_\_\_\_\_ and my relationship is his/her \_\_\_\_\_.

I understand the information provided to the Town of Miami Lakes Police Division is for law enforcement to have useful information to better handle a situation involving the registered individual. This information **is exempt** from Chapter 119 public records laws. Accordingly, no personal information will be shared with the public.

**RELEASE OF INFORMATION and Waiver**

I hereby understand that by voluntarily providing personal medical information to Miami Lakes/Miami-Dade County Police Department, I am waiving any rights and/or claims to the confidentiality of the information. I understand that if requested the Miami Lakes/Miami-Dade County Police Department will be obligated to turn over the information. I hereby hold the Miami Lakes/Miami-Dade County Police Department, its employees, elected officials, contractors, attorneys, or agents, harmless for any direct or indirect liability for personal injury, property damage, property theft, loss, or claims of any kind resulting from the intentional or negligent release of the provided information.

The undersigned understands that participation in this voluntary Special Needs Safety Program does not create any specific right, interest, or guarantee from the Town of Miami Lakes, Miami Lakes/Miami-Dade County Police Department, Miami-Dade County, its employees, elected officials, contractors, attorneys, and/or agents. The undersigned, on behalf of myself and on behalf of the Special Needs individual identified on these forms, hereby release, waive, and discharge the Town of Miami Lakes, Miami Lakes/Miami-Dade County Police Department, Miami-Dade County, its employees, elected officials, contractors, attorneys, and/or agents from any liability for personal injury, property damage, property theft, loss, or claims of any kind which may accrue to any person or any entity, including but not limited to the Special Needs Individual. Such waiver, release, and discharge include attorney's fees and litigation costs arising from, but not limited to, participation in this voluntary Special Needs Safety Program.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



## MIAMI DADE COUNTY TOWN OF MIAMI LAKES POLICE DIVISION SPECIAL NEEDS SAFETY PROGRAM APPLICATION FORM

### FREQUENTLY ASKED QUESTIONS

#### **Who is eligible?**

The Safety Program is developed with the intent to serve all members (adult or juvenile) of our community who have a “special need” and volunteer to register with the Town of Miami Lakes Police Division.

#### **As soon as I register, will the information be immediately available to responding police officers?**

No. The content from the registration form must be entered into the internal Miami Dade County Police Department database, and then forwarded to the Dispatch Center. The process may take up to two (2) weeks to finalize.

#### **Can I update my profile if there are changes? How do I do that?**

Information can be updated at any time.

Changes can be made by contacting our Town of Miami Lakes Police Division at 305.827.4020.

#### **How will this program help if my family member is missing?**

If the registered individual is reported missing by the parent/guardian, our responding police officers have easy access to their information through the Special Needs Safety Program. Knowing an individual’s special needs (including triggers, stimulants, and de-escalation techniques) greatly assists our officers in locating your loved one, and safely handling an encounter.

