Liberty County Sheriff’s Office
Bobby Rader, Sheriff
2400 Beaumont Ave. ~ Liberty, TX 77575
Phone 936-336-4500 ~ Fax 936-336-4536

State of Texas

Sherry E. Walton
Communications Supervisor
2400 Beaumont Ave.
Liberty, Texas, 77575

August 4, 2020

Dear Citizens of Liberty County, Texas,

I am writing on behalf of Liberty County Sheriff’s Office, Sheriff Bobby Rader. Sheriff Rader has a new and exciting program that he would like you to be aware of. At Liberty County Sheriff’s Office, we now have a voluntary Special Needs Registry.

The Special Needs Registry is a free program available to Special Needs Citizens who reside in Liberty County, Texas.

The Special Needs Registry was designed to assist the Deputies, Fire Department, and EMS during encounters with members of the community who have disabilities such as, but not limited to;

a. Alzheimer’s
b. Autism Spectrum Disorder
c. Dementia
d. Down Syndrome
e. or any other mental/developmental disorders.

The goal of this program is to give emergency personnel quick access to critical information about a registered individual with special needs in an emergency situation. This lessens stress on a parent/caregiver for the 911 dispatchers to already have access to the necessary information needed on a special needs individual if an emergency arises.

This tool provides information about a loved one with special needs of any age, who may require special assistance in an emergency or interaction with first responders. 911 dispatchers can access the information in the secure database to assist residents with special needs if the person is lost, found, or needs help. This information can then be relayed to law enforcement, fire, and/or EMS so that they can assist quicker instead of delaying by trying to gather all the information during the emergency.
This program is free to Liberty County residents. All you need to do is fill out the attached form, and the information will be placed in our secure CAD system and kept there unless an emergency need arises.

Thank you for considering our Special Needs Registry. I hope to receive a positive reply from you. If you have any questions, I can be reached at Liberty County Sheriff’s Office 936-336-4514, or by email sherry.walton@co.liberty.tx.us.

Sincerely,

[Signature]

Sherry E. Walton
Communications Supervisor
Special Needs Registry Form

1. Full name of your loved one: ________________________

2. What is the address where your loved one lives or spends the majority of their time?
   ________________________

3. Does he/she have a nickname(s)? If so list them: ________________________
   ________________________

4. Date of birth: ________________________

5. Diagnosis of the person being registered: ________________________
   ________________________

6. Physical description of person being registered:
   a. Height: ________________________
   b. Weight: ________________________
   c. Hair Color: ________________________
   d. Eye Color: ________________________
   e. Race: ________________________
   f. Gender: ________________________
   g. Glasses: ________________________
   h. Scars, Marks, and/or Tattoos: ________________________
      ________________________
7. Is there a special interest place outside the residence that your loved one is drawn to? (For example: trains, water, woods, parks, stores, traffic, animals, music, etc.)


8. Has your loved one ever wandered/ran away or been reported missing? 
   a. If so, where was he/she found?


9. Is the person being registered verbal or non-verbal?
   a. Explain in detail:


10. Does the person being registered have a hard time hearing?

11. Does the person being registered have a hard time understanding or following directions? Please explain


12. Does the person being registered have a fear of Police, Fire, or EMS personnel?
   Explain:


13. Does the person being registered have a fear of Police, Fire, or EMS vehicles?
   Explain:


14. If your loved one becomes confrontational or agitated how could deputies, fire, or EMS personnel calm them down without you being present?
15. Does your loved ones have any triggers ie: lights, sirens, loud music, dogs barking, loud noises, being touched?

16. Please explain in detail any other important information that we may need to know that might assist us on not triggering a violent response from your loved one:

17. Is your loved one on any time sensitive medications that could cause other issues if not taken on time?

18. Does your loved one need any assistance in walking or getting around? If so explain:

Emergency Contact Information:

Primary: ___________________________
Parent/Caregiver/Spouse Contact information:

Full Name: _________________________
Home Address: ____________________
Work Address: ________________________________

Home Phone #: ________________________________

Work Phone #: ________________________________

Cell Phone #: ________________________________

Secondary:
Parent/Caregiver/Spouse Contact information:

Full Name: __________________________________

Home Address: ________________________________

Work Address: ________________________________

Home Phone #: ________________________________

Work Phone #: ________________________________

Cell Phone #: ________________________________

Release Waiver

I, ____________________________________________, give permission to the Liberty County Sheriff’s Office to release any and all pertinent information related to the care or well-being of ________________________________ to the Liberty County Sheriff’s Office communications center. I realize this information may be released to other agencies via the communications center such as other law enforcement agencies, fire department(s), and Emergency Medical Services.

Printed Name: ________________________________

Signature: ____________________________________

Date: ______________ Relationship of person completing form: __________________