



Marseilles Police Department
142 Lincoln St.
Marseilles, IL 61341
Phone: 815-795-2131
Fax: 815-795-4209
cityofmarseilles.com

Marseilles Special Needs Registry

The Marseilles Police Department is committed to serving all the residents in our community. We recognize there are citizens who have certain challenges and may require special needs. The Marseilles Police Department is proud to introduce a new Special Needs Program.

This program is designed to improve our interactions and responses with individuals with special needs and who reside within the City of Marseilles. We invite our residents to proactively provide information to our department about any loved one(s) with special needs, regardless of age, who may require special assistance in an emergency or interaction with our officers.

The database will only be utilized by Marseilles Police officers and all information will be confidential.

Registration:

To register for the Special Needs Registry, [click here to complete the Special Needs Registry Form.](#)

Parents and caregivers may enroll any person of any age with any type of medical condition or disability, including but not limited to, Autism Spectrum Disorder, Alzheimer's or Dementia, Bipolar Disorder, and Down syndrome. Adults with special needs may also enroll themselves.

Please contact Marseilles Police Department at 815-795-2131 (Monday through Thursday) with any questions.

Chief of Police, Brian Faber
policechief@cityofmarseilles.com
Police Captain, Todd Gordon
policecaptain@cityofmarseilles.com
Police Clerk, Laurie Trager
policeclerk@cityofmarseilles.com



Registration for Special Needs Program

If you have a family member with special needs, or you yourself have any special needs, please complete this form in its entirety. The Marseilles Police Department will submit this information into a database which will assist with how to appropriately interact with this individual, if the need arises. Due to the range of needs for those with disabilities, it is pertinent to indicate specific triggers that may be harmful as well as specific ways to interact successfully.

Information regarding individual with special needs:

Name of individual with identified special needs:

_____ (First, Middle, Last)

Date of birth: _____

Address: _____

Male/Female: _____

Race/Ethnicity: _____

Height: _____

Weight: _____ lbs

Physical Description:

(eyes/hair/scars/marks/tattoos): _____

Please indicate the identified disability(s) for this individual:

Emergency contact information:

Name: _____

Address: _____

Telephone number: _____

Relationship: _____

Place of Employment and/or educational facility (if applicable) including address:

Name/address/phone number of any additional caretakers this individual may regularly visit in Marseilles.

Please indicate any information that is important for the Marseilles Police to know about this individual. (i.e.: special identifiers such as a bracelet noting their disability, verbal/non-verbal, triggers, calming strategies, etc.)

ID Bracelet/alert band: (circle)	yes	no
ID Necklace: (circle)	yes	no
Special needs ID card: (circle)	yes	no
Communication: (circle)	verbal	non-verbal
Oxygen Canisters: (circle)	home	work/educational facility
Sensory issues: (circle)	yes	no

If "yes" is circled above for sensory issues, please describe the sensory issues and provide any suggestions for first responders to best approach and handle in a crisis situation: _____

Preferred language for communication: _____

Do you have any environmental safety concerns such as pets, stored weapons, access to medications or other potential hazards you would like first responders to be aware of?

Yes/No

If "yes" is circled, please describe your environmental safety concerns:

Medical Needs: _____

Triggers to avoid, if possible:

Strategies and/or needs for positive interaction:

Favorite places to visit (Parks, etc)

Has your loved one been missing before? Yes ___ No ___

If yes, where were they located and when? _____

Are you filling out this form on behalf of someone? Yes ___ No ___

Your name/relationship to individual: _____

Your address and phone number: _____

Date of registration: _____

Is a current photo available to the police? Yes ___ No ___

** photos can be emailed to marspd@mtco.com

Please include the individuals name, date of birth and address when submitting a photo to MPD email.

A signed release must accompany this registration form. A self-release form is available as well as a release form for individuals with a legal guardian.

This information will be kept on file for a period not to exceed two (2) years. A notification will be made prior to that two-year deadline. If the information is not confirmed at that time, the information will be removed from our database. If any change in guardianship, change in address, etc., needs to be make, please complete a new form along with an updated release and submit to the Marseilles Police Department.

*The completed forms can be dropped off at the front desk of the Marseilles Police Department or mailed to: Marseilles Police Department
142 Lincoln Street
Marseilles, Il 61341*



Special Needs Registration Program
SELF-RELEASE FORM

I represent that I, _____ am of legal age and acknowledge that the information provided herein has been given freely and voluntarily and accurately for the sole purpose of assisting police, fire and emergency response agencies to more effectively respond to an emergency or potential emergency which may involve me. I, therefore, authorize the use of this information for that purpose in the discretion of those police, fire and emergency response agencies who may respond to an emergency or potential emergency involving me. I agree to the dissemination of the information to any police, fire and emergency response agencies which may need access to this information in order to respond to an emergency or potential emergency which may involve me. I acknowledge that by providing this information for the purpose stated above that I am not entitled to any preferential treatment nor a timelier response to any emergency or potential emergency. I agree to keep this information current and acknowledge that the information provided becomes the property of the Marseilles Police Department for the purpose stated above. I further for myself, heirs, executors, administrators, personnel representatives and assigns waive and release any and all rights, claims and causes of action arising from participation in this program which I may have against those police, fire and emergency response agencies who may respond to an emergency or potential emergency involving me. I further acknowledge that by providing this information, no relationship nor duty, including but not limited to any contractual or agency or special relationship or duty, is established between me and against those police, fire and emergency response agencies who may respond to an emergency or potential emergency involving me and that the aforementioned police, fire and emergency response agencies do not waive or limit any defense or immunity available to them by law.

Signed _____

Printed name _____

Date _____