

Portland Police Bureau

# Disability Accommodation Registry



A voluntary registry for people with developmental, mental health, or physical disabilities who may have difficulty communicating their needs to an officer because of an acute crisis or a continuing disability. The Disability Accommodation Registry has been a Portland Police Bureau program since 1996.





# Disability Accommodation Registry Form

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

## Registrant Information

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Middle \_\_\_\_\_

Nickname \_\_\_\_\_  Male  Female

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Hair \_\_\_\_\_ Eyes \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Does the registrant speak English?  Yes  No If no, language spoken: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

List any scars, marks or tattoos \_\_\_\_\_

Name of Residence (if applicable) \_\_\_\_\_

Name of Contact at Residence \_\_\_\_\_

Contact's Phone Number \_\_\_\_\_

**Describe your disability** (pertinent information only): \_\_\_\_\_

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### Check all that apply:

- Blind or low vision  Deaf or hard of hearing  Non-verbal  Difficulty communicating  
 Memory loss  Mental illness  Physical disability  Seizure  Developmental/Intellectual Disability  
 Other:

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Please describe your communication methods and ways officers can best communicate with you:

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Do you take prescription medication for your disability?  Yes  No Please list prescription medications:

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# Disability Accommodation Registry Form (cont.)

List any other information an officer should know:

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## Court-appointed Guardian Information

Do you have a court-appointed legal guardian?  Yes  No If yes, provide contact information for guardian:

Name \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Type of Guardianship \_\_\_\_\_ Date \_\_\_\_\_

Guardianship paperwork attached?

## Emergency Contact Information

Name \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Other Emergency Contact \_\_\_\_\_ Telephone \_\_\_\_\_

## Witness Contact Information

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip Code

## Waiver

**The undersigned hereby releases this information to be entered into the Portland Police Data System for use by public agencies as governed by Oregon Public Records law.**

Registrant Signature \_\_\_\_\_ Date \_\_\_\_\_

Court appointed Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness Printed Name \_\_\_\_\_ Witness Phone # \_\_\_\_\_

For Records Division Processing Only

DPSST \_\_\_\_\_ Date \_\_\_\_\_