



# MENASHA POLICE DEPARTMENT

## FUNCTIONAL NEEDS REGISTRY

430 FIRST STREET  
MENASHA, WISCONSIN 54952

**PHONE:** 920-967-3500

**FAX:** 920-967-5145

The City of Menasha Police Department recognizes that some members of our community may have Functional needs or may react differently when coming into contact with law enforcement during an emergency situation. With this in mind, we've created a Functional Needs Registry.

The Functional Needs Registry is available for all residents requiring Functional needs resulting from a physical, emotional, or medical condition (i.e., Dementia, Autism, Bipolar Disorder, etc.). Information provided is maintained in a confidential database which will assist emergency responders in providing a more informed response to those with functional needs during an emergency. If you are interested in participating in the Functional Needs Registry, please complete and submit the form below via mail or email at: [police@menashawi.gov](mailto:police@menashawi.gov).

### Contact Information: Person with Functional Needs

Last Name:		First Name:		Middle Initial:
<input type="checkbox"/> Male <input type="checkbox"/> Female		Date of Birth (mm/dd/Yiyi):		
Address:				
Height:	Weight:	Eye Color:	Hair Color:	
Medical Alert Worn: <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what type and where worn?		
Scars, Birthmarks, Tattoos, etc.:				
Photograph Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No				

### Residence Information:

Home Address:		City:	Zip Code:
Does the individual live alone? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is he/she likely to wander off? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Location of bedroom or likely place to find the individual in the residence at night?			

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## Contact Information: Parent or Guardian

<b>Primary Parent / Guardian</b>		
Last Name:	First Name:	Middle Initial:
Primary Phone Number:	Secondary Phone Number:	
Place of Employment:	Relationship to Registrant:	
Address (If Different Than Registrant):		

<b>Additional Parent, Guardian, or Emergency Contact</b>		
Last Name:	First Name:	Middle Initial:
Primary Phone Number:	Secondary Phone Number:	
Place of Employment:	Relationship to Registrant:	
Address (If Different Than Registrant):		

<b>Additional Parent, Guardian, or Emergency Contact</b>		
Last Name:	First Name:	Middle Initial:
Primary Phone Number:	Secondary Phone Number:	
Place of Employment:	Relationship to Registrant:	
Address (If Different Than Registrant):		

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## Functional Needs / Disability Information:

Primary Diagnosis:
Co-Existing Diagnosis:
Additional Notes / Comments Regarding Diagnosis:
Behaviors or characteristics of the individual that may attract the attention of responders.

Actions that may trigger outbursts or irrational behavior of the individual?
Favorite toys, objects, discussion topics, likes or dislikes of the individual?
Is the Functional Needs Person: <input type="checkbox"/> Verbal or <input type="checkbox"/> Non-Verbal
Preferred Method of Communication? (If non-verbal; sign language, picture boards, written words, etc.)
Is there any other information that may be helpful to responders when coming in contact with this Functional Needs Person? Any items or actions that would help the registrant to become calm?

**Acknowledgements and Release of Information:**

I am the lawful and legal parent and/or guardian of the person with functional needs listed within this Functional Needs Registry:

\_\_\_\_\_ (Initial)

\_\_\_\_\_ Relationship

**IMPORTANT: please review the following before signing and/or submitting this form:** Responding to this form is strictly voluntary. The information on this form will be added to the Menasha Police Department's record management system and may be distributed to emergency responders in order to better care for you or your family members. The City respects your right to confidentiality and will strive to ensure that your personal information remains confidential. However, by definition of this form, once submitted, is a public record, and may be subject to disclosure under WI Stat. § 19.35, except as otherwise exempted by law. The City does not collect or maintain information about you that is not essential for your safety and well-being. By completing this Functional Needs Registry form, I acknowledge that the information provided herein is accurate, and was submitted voluntarily for the sole purpose of assisting the Menasha Police Department in more effectively responding to a potential emergency in or near my residence. I, therefore, authorize the use of this information for those purposes.

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

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

**Upon completion of this form, please email to [police@menashawi.gov](mailto:police@menashawi.gov) or mail to the following address: 430 First Street, Menasha, Wisconsin, 54952. If you have questions or concerns as you are completing this form, please contact Officer Michael Oney at: [money@menashawi.gov](mailto:money@menashawi.gov) or 920.977.3500 Ext. 3550.**



# **MENASHA POLICE DEPARTMENT**

## **FUNCTIONAL NEEDS REGISTRY FAQ**

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### **Q1: What is the Functional Needs Registry?**

**A:** The Functional Needs Registry is an initiative of the Menasha Police Department. Its purpose is to compile and maintain a list of individuals who have “functional needs” due to mental or neurological disabilities and who may reside or frequently visit the City of Menasha. Residents are invited to proactively provide information about a loved one with Functional needs of any age, who may require Functional assistance in an emergency or interaction with Menasha Police Officers. The registration is completely voluntary.

### **Q2: Who is eligible?**

**A:** The registry has been developed with the intent to serve all members (adult or juvenile) of our community or people who frequent our community who have a “functional need” and want to register with the Menasha Police Department.

### **Q3: Who has access to my child and/or dependent’s profile?**

**A:** Menasha Police personnel who require this information in the performance of their duties will have access to the information. There are strict regulations with respect to accessing and disseminating information. The sharing of this information with other police agencies during an emergency can be helpful when a person is registered in Menasha but enters another jurisdiction.

### **Q4: Can I update my profile if there are changes? How do I do that?**

**A:** You may, however, only information that has a significant impact on policing response will be necessary. Some examples include a change in address, school, or emergency contact. You do not need to report a change in hair cut or color, for example, as the police are familiar with the changes that can be made and are more likely to notice height, weight, and eye color. Changes can be made on a new registry form and submitted directly to the Menasha Police Department via mail or email.

### **Q5: After my child and/or dependent adult is registered, and if there is an incident, do I need to do something to notify the police?**

**A:** It is preferred that you let the police know that the individual is already registered. In doing so, the information will be immediately disseminated to the vehicles without having to ask the parents/guardians during a high stress situation.

### **Q6: How will this registry help if my child and/or dependent adult goes missing?**

**A:** If the individual goes missing and is reported by the parent/guardian, information about his/her physical appearance, the most likely places where he/she would go to, as well as triggers, stimulants, and de-escalation techniques will be sent to every police officer in the area to look for the missing person. If the individual has not been reported and is incapable of effectively communicating his/her name to an officer, a computer check of the neighborhood, coupled with the physical appearance, may allow us to identify the individual more quickly. This will then allow us to use the contact information to connect with the parents/guardians.