



NORTH HUNTINGDON TOWNSHIP
POLICE DEPARTMENT
DISPATCH CENTER
11279 CENTER HIGHWAY, NORTH HUNTINGDON PA 15642
724-863-8800



North Huntingdon CAREs Program (Citizen's Assistance Registry for Emergencies)

The North Huntingdon Township Police Department, dispatch center is located at 11279 Center Highway, North Huntingdon PA 15642. We are a 24/7 Dispatch Center that is responsible for receiving and dispatching all emergency and non-emergency calls to the North Huntingdon Township Police along with North Huntingdon EMS/Rescue. We can be reached by dialing 724-863-8800 or by 911.

The purpose of this application is to help you and your loved ones prepare for an emergency before it occurs, by providing emergency needs awareness information to first responders. Individuals may register information regarding their (or their families) emergency needs such as a medical, mental or physical need.

This registry is completely voluntary and the information that is submitted will provide the North Huntingdon Township Police Department dispatch center the opportunity to have important data on file in the event of an emergency.

Examples of Emergency Needs May include (but not limited to):

- Use of life support equipment such as oxygen and ventilators
- Mobility disabilities such as the use of a wheelchair, walker or other mobility device
- Visual or hearing impairment
- Speech, cognitive, developmental or mental health disabilities

All information that is provided will be documented and stored securely within our dispatch center and CAD (computer aided dispatch) program. Once an address or name is placed into our computer system, a notification will alert the dispatcher of the information that is provided in order to have first responders properly respond and handle an incident.

As the sole purpose of this program is to better serve our township residents during the time of an emergency. This information may be shared with local, state and federal agencies such as North Huntingdon Twp. Police, North Huntingdon EMS/Rescue and North Huntingdon Township Fire Departments. The North Huntingdon Township Police Department dispatch center will make every effort to respect privacy and confidentiality while providing the needs of all involved.

Any person that resides inside of a nursing home, or personal care center does not need to register, as their information is kept on file with that specific facility and will be relayed to dispatchers and emergency workers as needed.

Applicants or Guardians are responsible for notifying the North Huntingdon Township Police Department dispatch center of any changes to the following information. This can be done by EMAIL: bhempel@nhtpd.us // rboswell@nhtpd.us or by PHONE: 724-863-8800 and requesting to speak with Brian Hempel or Robert Boswell.

APPLICATIONS CAN BE PICKED UP AT THE NORTH HUNTINGDON TWP POLICE DEPARTMENT ANY TIME, OR BE REQUESTED VIA EMAIL

Any questions or concerns, please contact Dispatcher Brian Hempel or Dispatcher Robert Boswell, via email

bhempel@nhtpd.us / rboswell@nhtpd.us or by calling 724-863-8800.

INITIAL APPLICATION

INFORMATION UPDATE

DATE OF APPLICATION OR UPDATE: _____

IS THE PERSON COMPLETING THIS FORM THE APPLICANT? YES

NO

IF *NO*, PLEASE COMPLETE THE FOLLOWING:

NAME:	
STREET ADDRESS:	
CITY, STATE, ZIP CODE:	
RELATIONSHIP:	
PHONE NUMBER:	

APPLICANT INFORMATION:

NAME:	
NICKNAME (IF APPLICABLE)	
DATE OF BIRTH:	
HOME PHONE NUMBER:	
CELL PHONE NUMBER:	
CELL PHONE SERVICE PROVIDER:	
TTY/TTD PHONE INFORMATION:	

APPLICANT ADDRESS:

STREET ADDRESS:	
CITY, STATE, ZIP CODE:	
APT / SUITE #	

ACCESS TO RESIDENCE:

GARAGE CODE: _____

KEY LOCATION: _____

ADDITIONAL INFORMATION: _____

PHYSICAL DESCRIPTORS: - PHOTOGRAPH OF APPLICANT CAN ALSO BE SUBMITTED AND PLACED INTO COMPUTER SYSTEM

DATE OF BIRTH:	
RACE:	
HEIGHT:	
WEIGHT:	
EYE COLOR:	
HAIR COLOR:	
SCARS / MARKS / TATTOOS	

METHOD OF COMMUNICATION:

VERBAL

NON-VERBAL

SIGN LANGUAGE

WRITTEN/PICTURE

OTHER _____

EMERGENCY CONTACT INFO: (Complete At Least 1)

CONTACT # 1	
RELATIONSHIP:	
ADDRESS:	
HOME PHONE NUMBER:	
CELL PHONE NUMBER:	
WORK PHONE NUMBER:	

CONTACT # 2	
RELATIONSHIP:	
ADDRESS:	
HOME PHONE NUMBER:	
CELL PHONE NUMBER:	
WORK PHONE NUMBER:	

CONTACT # 3	
RELATIONSHIP	
ADDRESS:	
HOME PHONE NUMBER:	
CELL PHONE NUMBER:	
WORK PHONE NUMBER:	

****IF MORE EMERGENCY CONTACTS ARE NEEDED - PLEASE ADD ON SEPARATE PAGE****

MEDICAL CONDITIONS: (CHECK ALL THAT APPLY):

ALZHEIMERS / DEMENTIA

AUTISM

BLINDNESS

DIABETIC

DEAFNESS

DEPRESSION

POST TRAUMATIC STRESS DISORDER

SEIZURE DISORDER

SCHIZOPHRENIA

OTHER _____

MOBILITY: (CHECK ALL THAT APPLY):

NO ISSUES:

WHEELCHAIR/WALKER

BED CONFINED:

OTHER: _____

IF BED CONFINED - Location of Bed/Bedroom _____

LIFE SUSTAINING EQUIPMENT: (CHECK ALL THAT APPLY):

VENTILATOR

OXYGEN

OTHER _____

LIST ANY INFORMATION OR TIPS TO APPROACH, CALM OR DE-ESCALATE INDIVIDUAL:

LIST ANY FAVORITE PLACES WHERE THIS INDIVIDUAL MIGHT BE FOUND, IF LOST OR MISSING:

A PHOTOGRAPH CAN ALSO BE SUBMITTED AND WILL BE ADDED TO THE APPLICANT'S FILE. IF A PHOTO IS SUBMITTED, PLEASE ALSO PROVIDE THE DATE OF WHEN THE PHOTO WAS TAKEN.

THIS APPLICATION CAN BE SUBMITTED BY:

EMAIL: bhempel@nhtpd.us

EMAIL: rboswell@nhtpd.us

IN PERSON OR MAIL TO:

NORTH HUNTINGDON TOWNSHIP POLICE DEPARTMENT
11279 CENTER HIGHWAY
NORTH HUNTINGDON PA 15642
ATTN: CARE PROGRAM

IMPORTANT: By signing this application, I acknowledge that the information provided above was done so voluntarily for the sole purpose of assisting the North Huntingdon Police Dispatch Center and emergency response personnel, to more effectively respond to a potential emergency. I also understand that this information will only assist if a phone call or request is placed to our Dispatch Center, and does not guarantee your safety. This is simply an attempt to provide emergency response personnel with information, which may be helpful when providing service to residents or occupants of my home.

APPLICANT NAME OR GUARDIAN: _____ RELATIONSHIP: _____

APPLICANT OR GUARDIAN SIGNATURE: _____ DATE: _____

OFFICE USE ONLY:

DATE APPLICATION RECEIVED: _____

RECEIVED BY: _____

DATE ENTERED INTO COMPUTER _____

ENTERED BY: _____