What is the Stockton Police Department’s Your Way Registry?

The Stockton Police Department is committed to meeting our community where they are. The Your Way Registry is a program offered by the Stockton Police Department to serve the community. The purpose of the Your Way Registry is to compile and maintain records of individuals who have mental or neurological disabilities, who reside or frequently visit the City of Stockton, and who may require unique assistance in an emergency or during interactions with Stockton Police Officers. Community members are invited to proactively provide information about a loved one with unique accommodations of any age. Registration is **completely voluntary**.

How to register

To participate in the Your Way Registry, complete the Your Way Registry form below and turn it into the Stockton Police Department. Parents and caregivers may enroll a person of any age and with any type of mental or neurological disability, including but not limited to: Autism Spectrum Disorder, Alzheimer’s disease, Dementia, Bipolar Disorder, and Down Syndrome. Adults may also enroll themselves in the program. If the consumer is an adult, and they do not provide consent themselves, or are unable to provide consent due to their disability, the parent/caregiver will have to show legal documentation (conservatorship/court order) to show they have the legal authority to make decisions for the consumer.

What happens once the person is registered?

When a police officer has contact with the consumer listed on this form, our dispatch center will be able to provide our officers with the information needed to successfully interact and communicate with your loved one, as well as provide our department personnel with your emergency contact information.

Please return this completed and signed form to the Stockton Police Department at the address below or email it to [snr@stocktonca.gov](mailto:snr@stocktonca.gov).
Description of Person

First Name: ____________________________________________
Middle Name: __________________________________________
Last Name: ____________________________________________
Date of Birth: ___________________________ Race: ___________________________
Hair Color: ___________________________ Eye Color: ___________________________
Height: ___________________________ Weight: ___________________________

Scars/Birthmarks/Tattoos/Piercings:

Residence Information

Home Address: ____________________________________________
City: ___________ Zip Code: ___________ Cell Phone Number: ___________________________

Are There Any Weapons/Firearms at this Residence? Yes ☐ No ☐ If YES, please describe items and where they are located/how they are secured: ____________________________

Parent or Guardian Information

First Parent or Guardian

Name: ____________________________________________
Primary Phone: ___________________________ Secondary Phone: ___________________________
Place of Employment: ____________________________

Second Parent or Guardian

Name: ____________________________________________
Primary Phone: ___________________________ Secondary Phone: ___________________________
Place of Employment: ____________________________

Stockton Police Department
22 E Weber Avenue, Stockton, CA 95202  Main Phone Number (209) 937 8377
School Information
School Name: ________________________________________________________________
School Address: __________________________________________________________________
City: __________ Zip Code: __________ School Phone: ____________________________

Disability
Primary Diagnosis: __________________________________________________________________
Co-Existing Diagnosis: __________________________________________________________________
Notes: __________________________________________________________________

Information That Might be Helpful to First Responders in The Event of an Emergency
Child/Family Member Wandered Before? Yes ☐ No ☐
If So, Where Found? __________________________________________________________________
Favorite Places/Locations: __________________________________________________________________
Child/Family member attracted to water? Yes ☐ No ☐
If attracted to a specific body of water, which one? __________________________________________________________________
Child/Family Member Able to Swim? Yes ☐ No ☐
Child/Family Member Attracted to: Trains ☐ Airplanes ☐ Heavy Equipment ☐ Fire Trucks/Emergency veh. ☐
Child/Family Member Attracted to Roadways/Highways? Yes ☐ No ☐
Child/Family Member Verbal? ☐ Nonverbal? ☐
Reaction When Called by Name? ____________________________________________
Reaction to Canines or Animals? ____________________________________________
Reaction to People in Uniform? ____________________________________________
Response to Being Touched? ____________________________________________
Reaction to Sirens/Sounds? ____________________________________________
Reaction to search Aircraft? ____________________________________________
Reaction to lights? ____________________________________________
Please list any characteristics that are associated with this person: (Examples are sensory issues, specific behaviors (stimming), fears, behavioral triggers, meltdown behavior, physical aggression, past dealings with police, calming strategies that work, etc.) Please be as thorough as possible.

Primary method of communication? (words, pictures, device, etc.)
Favorite Song? ________________________________________________________________
Favorite Activity/Sport? ______________________________________________________
Favorite Character/Toy? _______________________________________________________
Knows Parents Names ☐ Home Address ☐ Phone Number ☐
Response to Injury/Pain? _____________________________________________________
Programs Child/Family Member is Associated With: ________________________________

Health/General Condition:
Overall Health: __________________________________________________________________
Overall Physical Condition: ______________________________________________________
Handicaps/Deformities/Prosthetics: ________________________________________________
Sensory Issues: __________________________________________________________________
Processing Delay: __________________________________________________________________
Medications/Dosages: ____________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
Medication Side Effects: __________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
Photo:

Do you have a current photo of your child/family member to provide Stockton Police Department, which accurately depicts how they look present day? If so, please attach to form here.
Emergency Contact Information

First Emergency Contact

Name: ________________________________________________________________

Home Address: ________________________________________________________

City: ______________________ Zip Code: ___________ Phone: ________________

Second Emergency Contact

Name: ________________________________________________________________

Home Address: ________________________________________________________

City: ______________________ Zip Code: ___________ Phone: ________________

Please Read and Initial:

I am the lawful and legal parent and/or guardian of the person with special needs listed above: _____________

Relationship ________________________________

I understand the information provided to the Stockton Police Department is for law enforcement to have all the necessary information to better handle a situation and that information may be subject to public records laws, - F.S.S. Ch. 119 - however, Your Way Registry is protected under HIPAA laws and will be redacted when necessary

RELEASE OF INFORMATION

I, hereby give my permission for the Stockton Police Department to retain and distribute the information contained in this registration form to other first responder personnel for the purpose of identifying and assisting the person identified above in an emergency or crisis situation.

Signature: ___________________________ Date: __________________________

Please return this completed and signed form to the Stockton Police Department at the address below or email it to snr@Stocktonca.gov
Frequently Asked Questions

WHO IS ELIGIBLE?
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 want to register with the Stockton Police Department.

AS SOON AS I REGISTER, WILL THE INFORMATION BE IMMEDIATELY AVAILABLE IN CASE POLICE RESPONSE IS REQUIRED?
No. The information provided on the registration form will need to be entered in order to capture all relevant information in our records system. The process may take up to two (2) weeks to be fully processed.

WHO HAS ACCESS TO MY CHILD’S PROFILE?
Stockton Police Department 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. This information may be shared with other police agencies during an emergency if the information can be helpful when a person who is registered in Stockton wanders off into another jurisdiction.

CAN I UPDATE MY PROFILE IF THERE ARE CHANGES? HOW DO I DO THAT?
You may, however, only information that has a significant impact on policing response will be necessary. Some examples would include a change in address, school, or emergency contact. You do not need to report a change in haircut or color, as police officers are aware that some physical descriptors are subject to change over time and are more likely to observe height, weight, eye color, scars, and tattoos when identifying people. All changes can be made on a new registry form, which you will then submit to the Stockton Police Department.

AFTER MY CHILD/DEPENDENT ADULT IS REGISTERED, AND IF THERE IS AN INCIDENT, DO I NEED TO DO SOMETHING TO NOTIFY THE POLICE?
It is preferable that you let the police/dispatcher know that the individual is already registered. In doing so, the information will be disseminated to the responding patrol officers without having to ask the parents/guardians unnecessary questions during a high stress situation.

HOW WILL THIS REGISTRY HELP IF MY CHILD/DEPENDENT ADULT GOES MISSING?
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 available to Stockton Police Department officers and may be made available to other law enforcement agencies to aid in the search. If the individual is contacted by Stockton Police Department officers but has not been reported and is incapable of effectively communicating his/her name when encountered by an officer, a computer check of the neighborhood for individuals registered nearby, coupled with the physical appearance provided, may allow us to identify the individual faster. This will then allow the Stockton Police department to use the contact information on file to reunite the individual with their parents/guardians.