



Medina Police Department Special Needs/Autism Decal Program

Program Details & Application

The Medina Police Department is committed to the safety of all Village residents. The more information Officers have when they respond to calls for service, the better they are able to meet our residents' needs.

The mission of the Medina Decal Program is to alert Emergency Responders that there may be a person with special needs or autism in a home or vehicle. The decals enable responding units to draw on their training and understand that a person in the home or vehicle may not speak, respond to, or comply with verbal commands; may hide, or wander off, or may have no awareness of danger. This decal may be helpful for individuals with autism spectrum disorder, auditory processing disorder, intellectual/developmental disability, Down Syndrome, Traumatic Brain Injury, PTSD, Dementia, Alzheimer's Disease or other disabilities that prevent the individual from reacting appropriately in emergency situations.

The Medina Police is providing these decals free of charge to Village residents who completes the attached application. The decals should be placed near the front door of their home and/or the rear window of their car so that law enforcement officers can easily see them. After registration for the program, we will request that the Orleans County Dispatch note the address in their system with a brief description of the special needs or diagnosis. Residents who wish to register for the program but do not wish to display a decal, may do so by filling out the application and requesting zero decals. **The decals should be removed if the individual with special needs/autism no longer resides in the home or rides in the vehicle.**

If you have any questions regarding the Medina Police Department Decal program, you may email us at medinapolice@villagemedina.org

Medina Decal Program Application



Information regarding Applicant/Guardian:

First Name: _____ Last Name _____

Address: _____

City: _____ State: NY Zip Code: _____

Phone Number with Area Code: (_____) _____

Relationship to the special needs person: _____

Secondary Contact Person Full Name: _____

Secondary Contact Phone Number with Area Code: (_____) _____

Number of Stickers (Max. 2 each) Vehicle: _____ Home: _____

Information regarding Individual with Special Needs:

First Name: _____ Last Name: _____

Address: _____

Does this individual have a cell phone? Yes: ____ No: ____

If yes, what is the phone number w/area code: (_____) _____

Date of Birth (mm/dd/year): _____

Comments (Helpful information, triggers, diagnosis, responsiveness, special instructions):

I am voluntarily providing this information to the Medina Police Department with the understanding that it will be shared only with dispatchers and first responders for use in the event of an emergency at the residence or in a vehicle of the special needs individual listed above.

Applicant Signature: _____

This form can be mailed, dropped off at the Medina PD, or scanned and emailed.

Medina Police Department 600 Main St. Medina, NY 14103

medinapolice@villagemedina.org