



Doug Reim
Chief of Police

POLICE DEPARTMENT

CITY OF HIGHLAND VILLAGE

1000 Highland Village Road ~ Highland Village, TX 75077
(972) 317-6551 ~ Fax (972) 317-8974
www.highlandvillage.org

Dear Highland Village Resident,

Thank you for your interest in the Highland Village Police Department's (HVPD) Special Treatment and Response (STAR) Registration Program. The purpose of this program is to be able to provide additional information quickly to emergency responders in the event of any emergency involving the registered person. Adding a photo(s) to the registration form can assist emergency responders in quickly identifying the registered person who may not be able to communicate their name, address, or other pertinent information due to a medical problem.

Please complete and sign the attached form as a part of your registration with the HVPD's Special Treatment and Response Registration Program. The information that you provide will be entered into the HVPD's Computer Aided Dispatch (CAD) system which will trigger special information "alerts" when your address is entered into CAD for a call for service. This alert notifies the dispatchers of a particular medical problem, emergency contact information, or any other special instructions for this residence that can assist emergency responders, such as:

- DNR Order
- Alzheimer Patient
- Hearing/Sight Impaired
- Hospice Patient
- Special Needs
- Autism

Once you register for the program, we will provide you with a decal for the front window of your residence. This decal will serve as a secondary reminder to immediately alert the emergency responders that there is a person at the location that may require special treatment or assistance.

It is imperative that you contact HVPD at 972-317-6551 or hvpd@highlandvillage.org with any information changes, updates, or a request to be removed from the program. Thank you for your participation in this program. Please feel free to contact us with any further questions or comments.



Our Mission: "To achieve the public safety expectations of our community."



HIGHLAND VILLAGE POLICE DEPARTMENT

SPECIAL TREATMENT AND RESPONSE (S.T.A.R.) REGISTRATION PROGRAM

Date Completed: _____

Requestor's Information

Name (Last, First Middle): _____

Address: _____

Phone (Cell): _____ Phone (Other): _____

Resident's Information

Name (Last, First Middle): _____

Address: _____ Preferred Name: _____

Phone (Cell): _____ Phone (Other): _____

Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____

Distinguishing Characteristics (Scars/Marks/Tattoos): _____

DNR Order Alzheimer Hearing/Sight Impaired Hospice Special Needs Autism Other*

Medical Prosthetics/Devices: _____

Cautions: _____

*Condition(s): _____

Physician Name: _____ Phone # _____

Preferred Hospital: _____

Emergency Notification Information

Name: _____

Home Address: _____

Phone (Cell): _____ Phone (Other): _____

Name: _____

Home Address: _____

Phone (Cell): _____ Phone (Other): _____

I certify that I am the primary care provider for this person. I understand that this information is provided only to assist the Highland Village Police Department in the event of emergency to assist this person or to make contact with the above named emergency contact persons. I understand that I am required to update the Highland Village Police Department in the event that any of the above information changes.

Requestor's Signature

Date

Entered by Int: _____
Date Entered: _____