



CAROLINA BEACH POLICE DEPARTMENT

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CHILDREN AND RESIDENT ENCOUNTERS (C.A.R.E)

SPECIAL NEEDS QUESTIONNAIRE

1. Full name of your loved one: _____

2. What Is the address where your loved one spends the majority of their time at?

3. Does your loved one go by a nickname? If so, what? _____

4. Date of birth and age of the registered person: _____

5. Diagnosis of the registered person: _____

6. List all names and phone numbers Officers may need when with your loved one:

7. Physical description of the registered person:

Race:	Facial Hair:
Gender:	Glasses:
Height:	Contacts:
Weight:	Braces:
Hair Color:	Piercings
Eye Color:	
Birthmarks/Scars/Tattoos:	

8. Is there a special interest (outside of their residence) that your loved one is drawn to? (For example: ocean, swimming pools, woods, parks, malls, traffic, etc.).

9. Has your loved one ever ran away or been reported missing in the past? If so, where were they found?

10. Is the registered person verbal, limited verbal, or non-verbal? Explain in detail:

11. Is your loved one equipped with a GPS tracking device? If so, explain further:

12. Does the registered person fear or love Police, Fire, or EMS personnel or emergency vehicles? Explain in detail:

13. Names, addresses, and phone numbers of care givers, parents, grandparents, and/or other family members involved in your loved one's daily life:

14. If your loved one becomes upset and/or confrontational, how could Officers and/or Rescue personnel keep them calm until your arrival?

15. Are you willing to allow the Carolina Beach Police Department to place your address and the information of your loved one's specific needs into the system to ensure that Officers are better prepared and equipped to handle the situation appropriately?

16. Does your loved one go to school/aftercare? If so, provide the schools name, grade, and teacher's name:

17. Is your loved one sensitive to and/or have any triggers to flashing lights, sirens, radio traffic, or loud noises?

18. Please explain in detail any other important information that we may need to know about your loved one:

Registration Completed By: _____ Date: _____