



# CAROLINA BEACH POLICE DEPARTMENT

1121 N. Lake Park Blvd.  
Carolina Beach, NC 28428  
Tel: (910) 458-2540  
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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 at which your loved one spends the majority of their time?  
\_\_\_\_\_  
\_\_\_\_\_

3. Does your loved one go by any nicknames? If so, what? \_\_\_\_\_

4. Date of birth of the registered person: \_\_\_\_\_

5. Diagnosis of the registered person: \_\_\_\_\_  
\_\_\_\_\_

6. List all names and phone numbers which officers may need when they are with your loved one:

1. Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

3. Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

4. Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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, police/fire departments, roadways, etc.)

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**9.** Has your loved one ever run away or been reported missing in the past? If so, please explain?

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

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

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

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

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**14.** If your loved one becomes upset and/or confrontational, what ways can officers and/or rescue personnel keep them calm until your arrival?

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**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 911 Communications Center system to ensure that officers are better prepared and equipped to handle the situation appropriately?

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

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

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**18.** Please explain in detail any other important information that the Carolina Beach Police Department and other first responders may need to know about your loved one:

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Registration Completed By: \_\_\_\_\_ Date: \_\_\_\_\_

(Print)