



# SPRING LAKE POLICE DEPARTMENT

311 Washington Avenue  
Spring Lake, NJ 07762

www.springlakepolice.org



Edward M. Kerr, Jr.  
Chief of Police

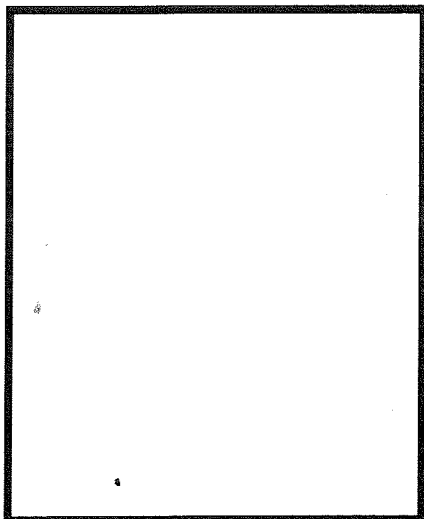
Tel: (732) 449-1234  
Fax: (732) 449-8696

## CHILDREN AND RESIDENT ENCOUNTER PROGRAM BEAT INFORMATION FORM

CARE ID# \_\_\_\_\_

BEAT# \_\_\_\_\_

NAME[LAST, FIRST M]:		NICKNAME:	
CURRENT ADDRESS:		DOB:	
SPECIAL INTEREST:			
VERBAL / NON-VERBAL:		DIAGNOSIS:	
CAREGIVER #1:		CAREGIVER #1 PHONE:	
CAREGIVER #2:		CAREGIVER #2 PHONE:	
CALMING TACTICS:			





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1. Name of your loved one: \_\_\_\_\_
2. What is the address where your loved one spends the majority of their time? \_\_\_\_\_  
\_\_\_\_\_
3. Does your loved one go by a nick name? If so, what? \_\_\_\_\_
4. Date of birth and age of the registered person: \_\_\_\_\_
5. Diagnosis of the registered person: \_\_\_\_\_  
\_\_\_\_\_
6. List all pertinent names and phone numbers officers may need when dealing with your loved one. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. Physical description of the registered person:  
Height: \_\_\_\_\_  
Weight: \_\_\_\_\_  
Hair Color: \_\_\_\_\_  
Eye Color: \_\_\_\_\_  
Race: \_\_\_\_\_  
Gender: \_\_\_\_\_  
Glasses:  YES  NO
8. Is there a special interest (outside of their residence) that your loved one is drawn to?  
(For example: trains, water, woods, parks, malls, traffic, etc.). \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
9. Has your loved one ever ran away or been reported as missing? If so, where was he/she found? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. Is the registered person verbal or non-verbal? Explain in detail. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

11. Does the registered person fear Police or Fire-EMS personnel or emergency vehicles? Explain in detail. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

12. Name of care givers, parents, grandparents or other family members involved in your loved one's life: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. If your loved one becomes confrontational, how could Officers or Rescue Personnel calm them without your presence? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14. Are you willing to allow the Spring Lake Police Department to place your address and the information of your loved one's needs into the system to insure that officers are better prepared to handle the situation? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

15. Please explain in detail any other important information that we may need to know that might assist us in not triggering a violent response from your loved one: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

16. Does your loved one have any triggers ie: lights, sirens, loud radio noise? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

17. Address you would like your C.A.R.E. card mailed to? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_



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## Spring Lake Police Department C.A.R.E. Program

### *Release Waiver*

I, \_\_\_\_\_ give permission to the Spring Lake Police Department to release any and all pertinent information related to the care or well-being of \_\_\_\_\_ to other law enforcement agencies and emergency services as necessary.

Signature \_\_\_\_\_ Date \_\_\_\_\_