



Medway Police Department

315 Village St
Medway MA, 02053
Tel 508-533-3212
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C.A.R.E Program Children and Resident Encounter Questionnaire

Date: _____

1. C.A.R.E. Participant Name: _____
(LAST NAME) (FIRST NAME) (M.I.)

2. What address does he/she/they spend most of their time at? _____

3. Does he/she/they have a nickname? If so, what? _____

4. What is his/her/them date of birth? _____ Age: _____

5. Please indicate their diagnosis of C.A.R.E. Participant: _____

6. List all pertinent names and contact numbers that patrol officers may need when assisting him/her:

Name: _____ Contact Number: _____

Name: _____ Contact Number: _____

7. Physical descriptions of C.A.R.E. Participant:

_____	_____	_____
(HEIGHT)	(WEIGHT)	(HAIR COLOR)
_____	_____	_____
(EYE COLOR)	(RACE)	(GENDER)

8. Does he/she have any special interests outside of their residence that he/she/they is drawn to?
(For example, trains, water, woods, parks, malls, traffic, etc.): _____

9. Has he/she/they ever run away or been reported as missing? (Check one) Yes ____ No ____

If yes, please explain:

Where was he/she/they found?

10. Is he/she/they verbal or non-verbal? Explain in detail:

11. Does he/she/they fear police/fire/EMS personnel or emergency vehicles? Yes ____ No ____

If yes, please explain:

12. If he/she/they become confrontational, how should Officers or other emergency personnel calm them without your presence?

13. Are you willing to allow the Medway Police Department to place your address and the information listed here of the C.A.R.E. Participant into our records to ensure officers are better prepared to handle any encounters with him/her? (Check one) Yes ____ No ____

14. Are you willing to allow the Medway Police Department to post the C.A.R.E. patient's photograph and general biographical information on social media if he/she/they go missing? Yes ____ No ____

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 him/her:

16. Does he/she/they have any triggers, i.e., lights, sirens, loud noise, etc.? Yes ____ No ____

If yes, please explain:

17. Is he/she/they a member of Safety Net? Yes ____ No ____ . If yes what is the Frequency #

DO NOT WRITE BELOW THIS LINE

C.A.R.E. ID#:

Entered By: