



Millis Police Department
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www.millispolice.org

Christopher J. Soffayer
 Chief of Police



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 Hopedale 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 Millis 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: _____

DO NOT WRITE BELOW THIS LINE

C.A.R.E. ID#: _____

Entered By: _____