East Providence Police Department
Community At Risk Registration & Enrollment (C.A.R.E.)

Report Number:

First Name:		Last Name:	
Maiden Name:		Date of Birth:	
Home Address:		Age:	
Language Spoken:		Ethnicity:	
Height:		Weight:	
Hair Color:		Eye Color:	
Complexion:		Nick Names:	
Facial Hair:		Hearing Aid Yes / No:	
Glasses:		Identifying Scares / Tattoos:	
Gender:		Currently Employed (Occupation)	
Work Address:		Previous Occupation	
Cell Phone Number		Cell Phone Carrier	

Upon completion of this form please return to the East Providence Police Department Community Policing Unit

East Providence Police Department
Community At Risk Registration & Enrollment (C.A.R.E.)

Report Number:

DISTINGUISHING FEATURES:

_____
_____

MEDICAL CONDITIONS:

_____
_____

DIAGNOSIS:

_____
_____

MEDICATION BEING TAKEN:

_____
_____

ANY PHYSICAL IMPAIRMENTS:

_____
_____

PRIMARY PHYSICIAN:

_____
_____

PRIMARY PHYSICIAN PHONE NUMBER:

_____
_____

HISTORY OF WANDERING:

_____
_____

ANY PARTICULAR PLACE OR DIRECTION IF THEY WANDER:

_____
_____

LIKES AND INTEREST:

_____
_____

Upon completion of this form please return to the East Providence Police Department Community Policing Unit

East Providence Police Department
Community At Risk Registration & Enrollment (C.A.R.E.)

Report Number:

DISLIKES OR TRIGGERS:

_____
_____

ACTIONS OR ITEMS TO HELP CALM THEM DOWN:

_____
_____

ANY SUGGESTIONS OR TECHNIQUES USED FOR BEST HANDLING THE PERSON:

_____
_____

DO THEY LIVE ALONE OR WITH ANYONE:

_____
_____

DO THEY ATTEND A DAY PROGRAM:

_____
_____

ANY PARTICULAR HABITS:

_____
_____

ARE THEY PHYSICALLY OR VERBALLY ABUSIVE:

_____
_____

IS THERE A POWER OF ATTORNEY IN PLACE (HEALTHCARE OR FINANCIAL):

_____
_____

ADDITIONAL HELPFUL INFORMATION:

_____
_____

DRIVER LICENSE NUMBER AND STATE:

_____
_____

Upon completion of this form please return to the East Providence Police Department Community Policing Unit

East Providence Police Department
Community At Risk Registration & Enrollment (C.A.R.E.)

Report Number:

Please Provide an Updated Picture of the Person

Vehicle Information:

Do they drive:

Do they Have Access to a Car:

Vehicle: Make_____ Model_____ Year _____Color_____

License Plate State: _____ License Plate Number _____

Emergency Point of Contact One:

Name:		Relationship:	
Telephone Number:		Home Address:	
Work Number:		Occupation:	

Emergency Point of Contact Two:

Name:		Relationship:	
Telephone Number:		Home Address:	
Work Number:		Occupation:	

Upon completion of this form please return to the East Providence Police Department Community Policing Unit

East Providence Police Department
Community At Risk Registration & Enrollment (C.A.R.E.)

Report Number:

Release Form:

I, _____ (Print Name), give my permission to the East Providence Police Department to retain this information, to be kept confidentially on file for the purpose of identification and assistance related to “Alert Efforts”, and related investigative activities should they be necessary.

Participant or Guardian Signature: _____

Date: _____

Upon completion of this form please return to the East Providence Police Department Community Policing Unit