



**ST. CHARLES POLICE DEPARTMENT**  
**C.A.R.E.S.**  
**(CITIZENS AT RISK ENTRY SYSTEM)**

**RESIDENT INFORMATION:**

**Last Name:** \_\_\_\_\_

**First Name:** \_\_\_\_\_

**Middle:** \_\_\_\_\_

**Preferred Name/Nickname:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Cell** \_\_\_\_\_ **Home** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Driver's License/State ID Number:** \_\_\_\_\_ **State:** \_\_\_\_\_

**Diagnosed Health, Emotional or Mental Health Disability:**

\_\_\_\_\_

**PHYSICAL CHARACTERISTICS:**

**Gender:** \_\_\_\_\_ **Race:** \_\_\_\_\_

**Height:** \_\_\_\_\_ **Weight:** \_\_\_\_\_ **Eyes:** \_\_\_\_\_ **Hair:** \_\_\_\_\_

**Glasses:** Yes \_\_\_\_\_ No \_\_\_\_\_ **Braces:** Yes \_\_\_\_\_ No \_\_\_\_\_

**Physical Indicators: (Scars, Tattoos, Physical Disability):** \_\_\_\_\_

\_\_\_\_\_

**Verbal:** \_\_\_\_\_ **Non-Verbal:** \_\_\_\_\_

**Hearing Impaired:** \_\_\_\_\_ **Sight Impaired:** \_\_\_\_\_

**Medications/ Medical Needs:** \_\_\_\_\_

**PLEASE INCLUDE/UPLOAD A RECENT PHOTO OF RESIDENT**



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#### INTERACTION INFORMATION:

Preferred Language: \_\_\_\_\_

Known Triggers: \_\_\_\_\_

Known Sensory Issues: \_\_\_\_\_

Any Additional Information for Interactions: \_\_\_\_\_

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

#### RESIDENCE INFORMATION:

Any of the following located at the residence:

Lock Box:    Yes                      No                      Combination: \_\_\_\_\_

Key Pad:     Yes                      No                      Code: \_\_\_\_\_

Hidden Key: Yes                      No                      Location: \_\_\_\_\_

#### VEHICLE INFORMATION:

Make:                      \_\_\_\_\_                      Model: \_\_\_\_\_

Color:                      \_\_\_\_\_                      Year: \_\_\_\_\_

License Plate: \_\_\_\_\_                      State: \_\_\_\_\_

#### PRIOR INCIDENTS:

Has the subject ever been reported missing:    Yes                      No

Date of Incident:                      \_\_\_\_\_

Reporting Agency:                      \_\_\_\_\_

Outcome: \_\_\_\_\_



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**REQUESTOR INFORMATION:**

**Last Name:** \_\_\_\_\_

**First Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Cell:** \_\_\_\_\_ **Home:** \_\_\_\_\_

**Alternate Phone:** \_\_\_\_\_ **Cell:** \_\_\_\_\_ **Home:** \_\_\_\_\_

**Relationship to Resident:** \_\_\_\_\_

**Secondary Emergency Contact:**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Cell:** \_\_\_\_\_ **Home:** \_\_\_\_\_

I, \_\_\_\_\_ (Requestor) represent  
\_\_\_\_\_ (Resident) and acknowledge the information  
provided has been done so voluntarily for identification purposes and to assist the St.  
Charles Police Department to safely and effectively respond to calls for service involving  
\_\_\_\_\_ (Resident). I am authorized to provide this  
information as the \_\_\_\_\_ (Relationship to resident).  
In providing this information, I understand and agree to the sharing of the information  
with emergency response agencies and other local law enforcement agencies at the  
discretion of the St. Charles Police Department.

**Signature:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_



**ST. CHARLES POLICE DEPARTMENT**  
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**(CITIZENS AT RISK ENTRY SYSTEM)**

**For St. Charles Police Use Only**

**SCPD Case Report Number:** \_\_\_\_\_

**Officer Name:** \_\_\_\_\_ **Badge #:** \_\_\_\_\_

**Date of Registration:** \_\_\_\_\_

**Date of Entry:** \_\_\_\_\_ **Entered By:** \_\_\_\_\_