



C.A.R.E.S.
CITIZENS AT RISK ENTRY SYSTEM
THE ST. CHARLES POLICE DEPARTMENT

RESIDENT INFORMATION:

Last Name: _____

First Name: _____

Middle: _____

Preferred Name/Nickname: _____

Address: _____

Phone: _____ (Circle One) Cell / Home

Date of Birth: _____ Driver's License or State ID # _____

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 _____

License Plate: _____ State: _____ Vehicle Year _____

PRIOR INCIDENTS:

Has the subject ever been reported missing: Yes / No

Date of Incident: _____ Reporting Agency: _____

Outcome or where located _____



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REQUESTOR INFORMATION:

Requesting for: (Circle One) Self / Another

Last Name: _____

First Name: _____

Address: _____

Phone: _____ (Circle One) Cell / Home

Alternate Phone: _____

Relationship to Resident: _____

Secondary Emergency Contact:

Name: _____

Address: _____

Phone: _____ (Circle One) Cell / Home

I, _____ (Requester) acknowledge the information provided has been done so voluntarily for identification purposes and to assist the St. Charles Police Department in safely and effectively responding to calls for service involving myself, or:

_____ (Resident). If supplying information on another, 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 police department.

Signature: _____

Printed Name: _____ Date: _____



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For St. Charles Police Use Only:

SCPD Case Report Number: _____

Officer Name: _____ **Badge #:** _____

Date of Registration: _____

Date of Entry: _____ **Entered By:** _____