



Holliston Police Department

550 Washington Street

Holliston, Massachusetts 01746

Tel. 508-429-1212

Fax. 508-429-0611

www.hollistonpolice.com

David J. Gatchell
Lieutenant

John J. Moore
Chief of Police

Craig W. Denman
Lieutenant

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 is an address that he/she spends a majority of their time at? _____

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

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

5. Please indicate 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: _____ Relationship: _____ Phone #: _____

Name: _____ Relationship: _____ Phone #: _____

Name: _____ Relationship: _____ Phone #: _____

Name: _____ Relationship: _____ Phone #: _____

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 is drawn to?
(For example, trains, water, woods, parks, malls, traffic, etc.): _____

9. Has he/she ever run away or been reported as missing? (Check one) Yes No
If yes, please explain: _____

Where was he/she found? _____
10. Is he/she verbal or non-verbal? Explain in detail: _____

11. Does he/she have any fears associated with Police/Fire/EMS personnel or emergency vehicles?
 Yes No If yes, please explain: _____

12. If he/she becomes confrontational, how could Officers or other emergency personnel calm them
without your presence? _____

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

15. Does he/she have any triggers, i.e., lights, sirens, loud radio noise, etc. Yes No
If yes, please explain: _____

16. Does he/she have wear a GPS/Lojack monitoring device. Yes No

DO NOT WRITE BELOW THIS LINE

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

Entered By: _____