



Millis Police Department
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www.millispolice.org

Christopher J. Soffayer
Chief of Police



C.A.R.E. PROGRAM

Children and Residents Encounter Informational Form

Date: _____

CARE ID#: _____

NAME [LAST, FIRST, M.I.]	DOB:		
ADDRESS:	HEIGHT	WEIGHT	EYE COLOR
SPECIAL INTERESTS:			
VERBAL/NON-VERBAL (PLEASE DESCRIBE)			
MEDICAL DIAGNOSIS:			
PARENT/GUARDIAN 1	PARENT/GUARDIAN 1 PHONE NUMBER:		
PARENT/GUARDIAN 2	PARENT/GUARDIAN 2 PHONE NUMBER:		
CALMING TACTICS:			

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