



**Hollis Police Department**  
**C.A.R.E. Registration Form**  
*A registry to assist persons at risk*



The Hollis Police Department has created a registry for individuals with Autism or other disabilities in an effort to give police access to critical information in the event of an emergency. The registry can provide police with emergency contact information, detailed physical descriptions, known routines, favorite attractions or special needs of an individual. This information can be critical for individuals with an Autism Disorder or other disabilities such as: Alzheimer's, Dementia, Down syndrome or any other endangered individuals. The information you provide can greatly assist police officers when time is essential in communicating and dealing with an emergency situation involving a person with a disability.

The registration form asks for valuable information that police may need when helping individuals with a disability. We ask that all questions be filled out completely and a current photograph be provided. If you are unable to supply a photograph, we can take one for you. The information you provide is confidential and will only be used by law enforcement.

If any information on the registration changes you are encouraged to inform us as soon as possible. This program is free to all community members. Please contact the Hollis Police Department at [police@hollisnh.org](mailto:police@hollisnh.org) or call (603) 465-7637 with any questions. Completed forms may be e-mailed to [police@hollisnh.org](mailto:police@hollisnh.org), turned into our police officers, or taken directly to the Hollis Police Department facility and given to the Hollis Communications Center.

**DEPARTMENT USE ONLY**

NAME OF INDIVIDUAL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DATE FORM RECEIVED: \_\_\_\_\_ DISPATCHER: \_\_\_\_\_

DATE DATA ENTERED: \_\_\_\_\_ DISPATCHER: \_\_\_\_\_

SUPERVISOR APPROVAL: \_\_\_\_\_ DATE: \_\_\_\_\_



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First name		Last name		DOB	
Nickname (or name that should be used to solicit a response )					
Street address					
City		State		Zip Code	
Home phone		Cell phone		Other	
Race		Sex		Height	
				Weight	
				Eyes	
Complexion		Hair color		How worn	
Scars / Marks / Tattoos					
Method of communication? (If non-verbal; sign language, picture boards, written words, etc)					
Techniques that will attract the individual? (particular voice (mom, dad, etc), favorite song, etc)					
How would the individual react to sirens, helicopters, search k9s, people in uniform?					
Best methods of approach? (Include approach and de-escalation techniques normally used)					
Identification worn? (Jewelry, Medic Alert, Clothing Tags, ID Card, Tracking Monitor, etc)					
Fascinations and/or stimulants? (trains, heavy equipment, airplanes, fire trucks, water, active highway)					
Favorite place to go?					
If the individual has wandered away before, where was he/she located?					
Medical, sensory or dietary issues or requirements?					
Additional relevant information					

**Please attach a recent photo to this form.**

**You can also schedule an appointment to have a photograph(s) taken at the Hollis Police Department.  
Please call 603-465-7637 or email [police@hollishn.org](mailto:police@hollishn.org).**



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**PRIMARY EMERGENCY CONTACT INFORMATION**

First name		Last name		Relation	
DOB		Gender		Email	
Home street address					
City		State		Zip code	
Home phone		Cell Phone		Other	
Work street address					
City		State		Zip code	

**SECONDARY EMERGENCY CONTACT INFORMATION**

First name		Last name		Relation	
DOB		Gender		Email	
Home street address					
City		State		Zip code	
Home phone		Cell Phone		Other	
Work street address					
City		State		Zip code	

**ADDITIONAL EMERGENCY CONTACT INFORMATION**

First name		Last name		Relation	
DOB		Gender		Email	
Home street address					
City		State		Zip code	
Home phone		Cell Phone		Other	
Work street address					
City		State		Zip code	

