Northlake Cares Program

(Special Needs Northlake Police Program)

If you have a family member with special needs, or you yourself have any special needs, please complete this form in its entirety. The Northlake Police Department will submit this information into the Northlake Cares database which will assist with how to appropriately interact with this individual, if the need arises. **Please attach a current photo of your loved one or resident with special needs.**

☐ New ☐ Change Information ☐ Remove

Information regarding individual with special needs:

Name of individual with special need(s): _____

DL/ID Number_____

Date of birth:_____

Address:_____

Telephone_____Cell_____

Male/Female:_____

Race/Ethnicity:_____

Height:_____

Weight:_____lbs.

Hair Color:_____

Eye Color:_____

Scars/Marks/Tattoos:_____

Primary Language:_____

Please indicate the identified disability(s) for this individual:

_____

_____

Emergency contact information:

Name:_____

Address:_____

Telephone number:_____/Cellular number:_____

Relationship:_____

Email:_____

Place of Employment and/or educational facility (if applicable) including address:

_____

_____

Favorite places to visit (Parks, Nearby Family/Friends, Stores, Etc.)

_____

_____

Has your loved one been missing before? Yes☐ No☐
If yes, where were they located and when?_____

Triggers to avoid, if possible:

Strategies for positive interaction:

I understand the information given above is intended to offer guidance and help responders in assisting those people with special needs or disabilities in the performance of their duties. This information will be kept on file for a period not to exceed two (2) years. A notification will be made prior to that 2-year deadline. If the information is not confirmed at that time, the information will be removed from the Northlake Cares database. It shall be the responsibility of the undersigned to notify the Northlake Police Department in writing of any changes to this information as soon as those changes are known. The information entered into the Northlake Cares database shall remain confidential. This information will be relayed to responding Public Safety personnel via two-way radio, phone, computer or any means available. The undersigned hereby verifies the above person has a physical or mental impairment, or has or is at increased risk for a chronic physical, developmental behavior, or emotional condition and who also requires health and related services of a type or amount beyond that required by individuals generally. The undersigned is the above-named individual, a family member, friend, caregiver, or medical personnel familiar with the individual. By signing, I certify I have read and understand this form in its entirety and hereby give permission to the Northlake Police Department to enter this information into the Northlake Cares database.

Printed Name

Relationship

Signature

Date

Return completed form to:

Northlake Police Department
55 E. North Ave.
Northlake, IL 60164
Attn: Northlake Cares

ATTACH PHOTOGRAPH

Notes: