



The Seminole County Sheriff's Office is fully committed to providing exceptional services to the Citizens of Seminole county, especially our most vulnerable. The Seminole Sheriff CARES initiative has been created to meet the needs of those individuals who may require special attention when involved in situations with law enforcement. This is a voluntary program, and it is offered to provide the best service possible to our community and to give law enforcement as much information as possible prior to arriving on scene to address the situation in the most positive and professional way possible for all who are involved.

An individual may enroll in the Seminole Sheriff CARES initiative if an individual has any type of confirmed developmental, psychological, or other disability or condition, including but not limited to:

- |                      |                           |
|----------------------|---------------------------|
| Autism               | Down Syndrome             |
| Alzheimer's Disease  | Hearing Impairment        |
| Asperger's Syndrome  | Immobility                |
| Behavioral Disorders | Cognitive Disorders       |
| Cerebral Palsy       | Neurological Disabilities |
| Cystic Fibrosis      | Seizure Disorders         |
| Dementia             | Speech Impairment         |
| Developmental Delays | Vision Impairment         |

Once the program registration form is submitted, Investigator Draughon or a member of the Elder/DV Unit will make contact at your residence and, after the information on the form and the individual's eligibility for enrollment in the program is verified, will provide you with a sticker for your vehicle and home, a color-coded wristband, and an Identification card containing the registered individual's picture as well as case number and special need.

Upon the registered individual's enrollment in the program, an alert will be put into the Seminole County Sheriff's Office database, and any time the Seminole County Sheriff's Office receives a call related to the registered individual, or an address or vehicle identification information associated with the registered individual, the deputy or fire rescue personnel responding to the call will receive an alert describing the registered individual's special need.

For more information about the Seminole Sheriff CARES initiative, please email [elderservices@seminolesheriff.org](mailto:elderservices@seminolesheriff.org).

## **SEMINOLE SHERIFF C.A.R.E.S. PROGRAM REGISTRATION FORM**

**If you are completing this registration form and are not the person being registered for the program, please provide your information as follows:**

Name:

Telephone number:

Email address:

Are you the parent or legal guardian of the person being registered for the program:  YES  NO

Available documentation as proof of parentage or guardianship:

- A birth certificate as described in s. 382.013
- A power of attorney, as defined in 709.2102
- A court order establishing parental rights or guardianship; or
- Letters of guardianship as described in s. 744.345

**Please provide the following information pertaining to the person being registered for the program.**

Name:

Nickname(s):

Date of Birth:

If 18 years of age or older, has he/she been declared incapacitated under Chapter 744, F.S.?

YES  NO

Email address:

Home phone:

Cell phone:

Residential address:

Race:

Sex:

Height:

Weight:

Hair color:

Eye color:

List any developmental, psychological, or other disabilities or conditions that may be relevant to his/her interactions with law enforcement officers or that would assist law enforcement officers with achieving the most positive outcome during interactions with him/her:

He/she  does  does not have a certification of the disability or condition(s) listed above from a physician or physician assistant licensed under chapter 458 or chapter 459 or an advanced practice registered nurse licensed under chapter 464, or from a psychologist licensed under chapter 490, a mental health counselor licensed under chapter 491, or a psychiatrist as defined in s. 394.455 (if the registration is based on psychological needs).

List his/her medications:

Describe his/her physical condition:

Walking assistance needed?

Describe any violent tendencies:

Does he/she wander frequently? If so, what are his/her likely modes of travel, possible destinations, or favorite places to go?

Is he/she able to wear a bracelet?

Favorite toys, topics of interest, or hobbies:

Describe his/her daily routine:

Key phrases he/she responds to:

Fears or triggers:

What calms him/her:

Best method to approach him/her:

Doctor's name and phone number:

Hospital name and phone number:

Dentist name and phone number:

Are there dental records available for him/her?

Place of business and work phone number:

Vehicle's driven by him/her or that he/she may be a passenger in:

Vehicle Model:

Vehicle Year Model:

Vehicle Color:

Tag number:

Tag state:

Emergency Contact Information:

Name:

Address:

Email:

Phone Number:

Additional phone number:

Relationship to special needs individual:

Additional emergency contact:

Once the form is completed please email a picture of the individual being registered in the program to [elderservices@seminolesheriff.org](mailto:elderservices@seminolesheriff.org) along with the registration form.