



C.A.R.E - Community.Assistance.Resource.Education



LAST NAME: _____ FIRST NAME: _____ AKA: _____

BIRTH DATE: _____ SEX: _____ RACE: _____ ETHNIC ORIGIN: _____

EYE COLOR: _____ HAIR COLOR: _____ GLASSES: Y N

HEIGHT (FEET): _____ HEIGHT (INCHES): _____ WEIGHT (LBS): _____

SCARS/MARKS/TATTOOS: _____

PHYSICAL ADDRESS: _____

DEVELOPMENT NAME: _____

RESIDENCE TYPE: _____ NUMBER OF RESIDENTS: _____

RESIDENCE PRIMARY CONTACT: _____ RELATIONSHIP: _____

MAIN PHONE NUMBER: _____ CELL PHONE NUMBER: _____

WORK PHONE NUMBER: _____

EMERGENCY CONTACT: _____ RELATIONSHIP: _____

ADDRESS: _____

MAIN PHONE# _____ CELL PHONE NUMBER: _____

WORK PHONE NUMBER: _____

MEDICAL DIAGNOSIS: _____

DR'S NAME: _____ ADDRESS: _____

DR'S PHONE NUMBER: _____

MEDICATION: _____

NAME: _____ DOSAGE: _____

(Use another piece of paper if necessary)

Please check all that apply:

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> Non-Ambulatory | <input type="checkbox"/> Wheelchair bound | <input type="checkbox"/> Bedridden | <input type="checkbox"/> Mentally Challenged |
| <input type="checkbox"/> Dementia | <input type="checkbox"/> Hearing Impairment | <input type="checkbox"/> Special Medical Conditions | <input type="checkbox"/> Blind |
| <input type="checkbox"/> Elderly Living Alone | <input type="checkbox"/> Medical/ID Bracelet | <input type="checkbox"/> Alarm System | <input type="checkbox"/> Pet in Residence |
| <input type="checkbox"/> Verbal | <input type="checkbox"/> Autistic | <input type="checkbox"/> Mail picked up Regularly | <input type="checkbox"/> Visible signs of needing assistance |
| <input type="checkbox"/> Oxygen Usage in home | <input type="checkbox"/> Down Syndrome | <input type="checkbox"/> Firearms in Residence | <input type="checkbox"/> Dangerous Animals |
| <input type="checkbox"/> Sign Language | <input type="checkbox"/> Aggressive | <input type="checkbox"/> Foreign Language _____ | |

Other Premise Hazards: _____

Positive Triggers: _____

Negative Triggers: _____

*****A CURRENT PHOTOGRAPH IS REQUIRED TO PARTICIPATE IN THE CARE PROGRAM. THE DIGITAL PHOTOGRAPH CAN BE EMAILED TO: (jackie.borchers@colliersheriff.org). PLEASE CONTACT THE SENIOR ADVOCACY UNIT FOR OTHER ARRANGEMENTS IF NECESSARY 239-252-0234.*****

I understand the information provided in the C.A.R.E. Program and the digital photograph of the participant will need to be updated on an annual basis. I am required to make contact with CCSO, Senior Advocacy Unit if any changes occur prior to or at that time to keep the information current.

I understand that all information I have provided in this application may be shared among Local Law Enforcement, Fire and Rescue, and other necessary agencies in the community where I reside. Therefore, I understand that none of the information I have provided or provide in the future can be considered confidential, protected or private when used for the purposes of the Collier County Sheriff's Office C.A.R.E. Program.

Caregiver Signature

Printed Name of Caregiver

Please mail this form to: Jackie Borchers, Victim & Senior Advocacy Unit, Collier County Sheriff's Office, 3319 Tamiami Trail East, Naples, FL 34112