



# Bellefontaine Police Department

## Team Effort Program

### SPECIAL NEEDS QUESTIONNAIRE



1. Name of your loved one: \_\_\_\_\_

2. What is the address where your loved one spends the majority of their time? \_\_\_\_\_

3. Does your loved one go by a nick name? If so, what? \_\_\_\_\_

4. Date of birth and age of the registered person: \_\_\_\_\_

5. Diagnosis of the registered person: \_\_\_\_\_

6. List all pertinent names and phone numbers officers may need when dealing with your loved one: \_\_\_\_\_

7. Physical description of the registered person:

Height: \_\_\_\_\_

Weight: \_\_\_\_\_

Hair Color: \_\_\_\_\_ Description/Style: \_\_\_\_\_

Eye Color: \_\_\_\_\_

Race: \_\_\_\_\_

Gender: \_\_\_\_\_

Glasses: \_\_\_ Yes \_\_\_ No

8. Is there a special interest (outside of their residence) that your loved one is drawn to?

(For example: trains, water, woods, parks, shopping stores, traffic, etc.) \_\_\_\_\_

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9. Has your loved one ever ran away or been reported as missing? If so, where were they located? \_\_\_\_\_

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10. Is the registered person verbal or non-verbal? Explain in detail; \_\_\_\_\_

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11. Does the registered person fear Police or Fire-EMS personnel or emergency vehicles?

Explain in detail: \_\_\_\_\_

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12. Name of care givers, parents, grandparents or other family members involved in your loved one's life: \_\_\_\_\_

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13. If your loved one becomes confrontational, how could Officers or Rescue Personnel calm them without your presence? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14. Are you willing to allow the Bellefontaine Police Department to place your address and information of your loved one's needs into the department's data base to insure that officers are better prepared to handle any situation that might arise? \_\_\_\_\_  
\_\_\_\_\_

15. Please explain in detail any other important information that we may need to know that might assist us in not triggering a violent response from your loved one: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

16. Does your loved one have any triggers i.e.: lights, sirens, loud radio noise? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

17. Address you would like your Team Effort Program card mailed to? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**Bellefontaine Police Department**  
**Team Effort Program**



***Release Waiver***

I, \_\_\_\_\_ give permission to the Bellefontaine Police Department to release any and all pertinent information and photograph related to the care or well-being of

\_\_\_\_\_ to any Law Enforcement/Communications Center, Fire & EMS Departments and any Media in regards to any incident that may take place with my loved one.

Signature \_\_\_\_\_

Date: \_\_\_\_\_