Dear Community Partner;

Attached you will find the Charleston Police Department’s Special Needs Questionnaire and Release Waiver. This document was produced to allow for community members to provide first responders with information that may help in an emergency situation.

If you would like to share pertinent, and possibly lifesaving, information with the Charleston Police Department, simply complete the attached forms and return them to the Charleston Police Department at 180 Lockwood Drive, or feel free to drop it by your local Charleston Police Team Office. The provided information will be used exclusively to aid first responders. We do ask that you contact the police department if any information should change, including if you are moving from the location originally provided to the Police Department.

If you should have any questions, please feel free to contact me anytime at (843)720-2365.

Lt. Peter Farrell
Charleston Police Department
180 Lockwood Blvd.
Charleston, SC 29403
CHARLESTON POLICE DEPARTMENT

SPECIAL NEEDS QUESTIONNAIRE

1. Name: ___________________________________________________________________

2. Address: __________________________________________________________________

3. Nickname: __________________________________________________________________

4. Date of Birth: __________________________________________________________________

5. Diagnosis: __________________________________________________________________

6. Names and contact numbers: __________________________________________________
   __________________________________________________
   __________________________________________________

7. Physical Description:
   Height: _______
   Weight: _______
   Hair Color: _______
   Eye Color: _______
   Race: _______
   Gender: _______

CPD Form 510 (revised 20140722)
8. Special Interests:  ____________________________________________________________
                                                                                      
9. Has this person ever run away? If so, where were they found? ____________________
                                                                                      
10. What communication issues would affect first responders (i.e. Hearing Impairment or
Speech impairment)? ____________________________________________________________
                                                                                      
11. Does this person fear Police or Fire-EMS personnel/emergency vehicles? _________

12. Name of other caregivers: ____________________________________________________
                                                                                      
13. If your loved one becomes agitated or upset, how could Officers calm them if you are
not there?
                                                                                      
14. Does this person have any triggers such as lights, sirens or loud radios? _________
                                                                                      
15. Please explain in detail any other important information that we may need to know that
might assist us as we respond to any calls for service? _____________________________
                                                                                      

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