



# CITY OF MORRIS

DEPARTMENT OF POLICE  
200 E. CHAPIN STREET  
MORRIS, IL 60450

CHIEF OF POLICE  
ALICIA STEFFES  
PHONE: (815) 942-2131  
FAX: (815) 942-2853  
[www.morrispolice.org](http://www.morrispolice.org)

## MPD CARES

If you have a family member with special needs, or you yourself have any special needs, please complete this form in its entirety. The Morris Police Department will enter this information into our database which will assist us in interacting with this individual, if the need arises. Due to the range of needs for those with disabilities, it is pertinent to indicate specific triggers that may be harmful as well as specific ways to interact successfully.

### Information regarding individual with identified special needs

Name of Individual with Special Identified Needs:

---

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Male / Female: \_\_\_\_\_ Race/Ethnicity: \_\_\_\_\_

Height / Weight \_\_\_\_\_ / \_\_\_\_\_

Physical Description (eye color / hair color / scars / marks / tattoos / piercings):

---

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

---

---

---

**Emergency Contact Information**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

Relationship: \_\_\_\_\_

Place of Employment and/or Educational Facility (if applicable) Including Address:

\_\_\_\_\_  
\_\_\_\_\_

Please indicate any information that is important for the Morris Police Department to know about this individual? (i.e.: special identifiers such as bracelet noting disability, verbal/non-verbal, triggers, calming strategies, etc.)

I.D. Bracelet (Circle)      Yes    No

I.D. Necklace (Circle)    Yes    No

Special needs I.D. Card (Circle)    Yes    No

Communication (Circle)                  Verbal / Non-Verbal

Oxygen Canisters (Circle)              Home / Work / Educational Facility

Preferred language for communication:

\_\_\_\_\_

Medical needs:

\_\_\_\_\_

Triggers to avoid, if possible:

\_\_\_\_\_

\_\_\_\_\_

Does the individual become physical or combative, if so what calms him / her?

---

---

Strategies and/or needs for positive interaction:

---

---

Favorite places to visit (e.g. parks):

---

---

Has your loved one been missing before? (Circle) Yes No

If yes, where were they located and when?

---

---

Are you filling out this form on behalf of someone? (Circle) Yes No

Your name and relationship to this individual:

---

---

Is a current photo available to the police? (Circle) Yes No

If there was a city/county wide emergency (flooding, tornado, etc.) would you need assistance to get to safety, wellness check, etc. (Circle) Yes No

(as resources become available)



This information will be kept on file for a period not to exceed two (2) years. A notification of pending expiration will be made prior to the two-year deadline. If the information is not confirmed at that time, it will be removed from the database. If any change in guardianship, address, or other information needs to be made, please complete a new form along with an updated release and submit to the Morris Police Department.

Fingerprints, if available, can be attached to this form to be added to the file.

Photos in electronic format should be emailed to [mpdcares@morrispolice.org](mailto:mpdcares@morrispolice.org)

Please include the individual's name, date of birth and address when submitting a photo to MPDCARES email.

Return completed forms to:

Morris Police Department

Attn: MPD Cares

200 E. Chapin St.

Morris, IL 60450

A signed release must accompany this registration form (see below).

**M.P.D. Cares Self-Release/Waiver Form**

I represent that I, \_\_\_\_\_ am of legal age and acknowledge that the information provided herein has been given freely and voluntarily and accurately for the sole purpose of assisting police, fire and emergency response agencies to more effectively respond to an emergency or potential emergency which may involve me. I, therefore, authorize the use of this information for that purpose in the discretion of those police, fire and emergency response agencies who may respond to an emergency or potential emergency involving me. I agree to the dissemination of this information to any police, fire and emergency response agencies which may need access to this information in order to respond to an emergency or potential emergency which may involve me. I acknowledge that by providing this information for the purpose stated above that I am not entitled to any preferential treatment nor a more timely response to any emergency or potential emergency. I agree to keep this information current and acknowledge that the information provided becomes the property of the Morris Police Department for the purpose stated above. I further for myself, heirs, executors, administrators, personnel representatives and assigns and waive and release any and all rights, claims and causes of action arising from participation in M.P.D. Cares which I may have against those police, fire and emergency services who may respond to an emergency or a potential emergency involving me. I further acknowledge that by providing this information, no relationship nor duty, including but not limited to any contractual or agency or special relationship or duty, is established between me and against those police, fire and emergency response agencies who may respond to an emergency or potential emergency involving me and the aforementioned police, fire and emergency response agencies do not waive or limit any defense of immunity available to them by law.

Signed: \_\_\_\_\_

Printed Name: \_\_\_\_\_

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

Person Registered: \_\_\_\_\_