



## VILLAGE OF LAKE BLUFF POLICE DEPARTMENT

**David D. Belmonte, Chief of Police**

45 East Center Avenue

Lake Bluff, Illinois 60044

**(847) 234-8760 FAX (847) 234-2166**

*Over 100 Years of Community Service & Protection*



### The Special Concerns Response Program

From time to time the Lake Bluff Police Department is called upon to assist with or respond to situations involving persons with special needs such as; mental illness, autism, epilepsy, Alzheimer's disease, or other types of dementia. While some of our personnel have training in these areas, it would be a tremendous asset for us to know about a special situation before we arrive so we can attempt to send the appropriate people, make sure we have enough help to deal with the situation, and most importantly to attempt to decrease the chances of anyone being injured.

This "Special Concerns Response Program" for Law Enforcement, is a team approach to allowing First Responders to obtain as much information as possible prior to arriving to the area where assistance is needed. The first step in the program is for residents and employers to complete the provided forms with as much information as possible. This information will be turned into the Lake Bluff Police Department where it will be entered and maintained, in a highly confidential information program detailing the background and contact information of those residents with these special concerns. This program stores the information in the Police Departments CAD (computer aided dispatch) system. When a call for service is received involving the address listed and/or the person listed, the special concerns information will be available and it can be passed on to the units who are responding to the call.

Depending on the situation of the call this can help the Officers responding to develop the best possible situational plan to ensure the safety of the person, the Officers, and the public. This team approach is a win/win for all those involved and will help ensure that your loved one and family receive the most appropriate and best service that we can provide.



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**Special Concerns Response Information**

Name of special concerns person \_\_\_\_\_

Address/Phone \_\_\_\_\_

D.O.B. \_\_\_\_\_ Gender \_\_\_\_\_ Race \_\_\_\_\_ Ht. \_\_\_\_\_ Wt. \_\_\_\_\_ Eyes \_\_\_\_\_

Hair \_\_\_\_\_ Other Identifiers \_\_\_\_\_

**EMERGENCY CONTACT:**

Address \_\_\_\_\_

Name \_\_\_\_\_ Home Telephone \_\_\_\_\_

Cell \_\_\_\_\_ Other \_\_\_\_\_

Special concerns condition (please identify/describe)

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

Is subject on medication(s)? If so, does it affect subject's actions, responses, senses, potential for violence etc? \_\_\_\_\_

\_\_\_\_\_

Doctors name \_\_\_\_\_ Phone # \_\_\_\_\_

Emergency contact number for doctor \_\_\_\_\_

Please list any particulars unique to the individual (sensitivity to light or touch, non-verbal, subject to seizures, violence, hiding, fighting, etc.)

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

Please list any "triggers" or actions which might escalate a confrontation with this individual

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

Please list any compliance techniques or suggestions \_\_\_\_\_

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

Additional emergency contacts \_\_\_\_\_

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

\*\*\*\*\* LBPD ONLY \*\*\*\*\*

Picture attached? Y or N Officer/Dispatcher \_\_\_\_\_ Date/Time \_\_\_\_\_

Entered into CAD? Officer/Dispatcher \_\_\_\_\_ Date/Time \_\_\_\_\_