



BREVARD COUNTY SHERIFF'S OFFICE

700 Park Avenue ★ Titusville, Florida 32780-4095 ★ www.BrevardSheriff.com

C.H.A.N.C.E. Alert Card (Citizen Has A Noticeable Crisis Episode)

What is the C.H.A.N.C.E. Alert Card?

The C.H.A.N.C.E. Alert Card is an initiative of the Brevard County Sheriff's Office. Its purpose is to provide our citizens with a card to carry on their person that can be given to law enforcement during an encounter, as well as compile and maintain a list of individuals who have "special needs" due to mental or neurological disabilities and who may reside or frequently visit Brevard County. Residents are invited to proactively provide information about a loved one with special needs of any age, who may require special assistance in an emergency or interaction with Deputies. The program is completely voluntary.

Who is eligible?

The program has been developed with the intent to serve all members (adult or juvenile) of our community or frequent visitors to our community who have a "special need" and want to register with the Brevard County Sheriff's Office. Parents and caregivers may enroll a person of any age with any type of medical condition or disability, including but not limited to: Autism Spectrum Disorder, Alzheimer's or Dementia, Bipolar Disorder and Down Syndrome. Adults with special needs may also enroll themselves.

How do I sign up?

To sign up for the C.H.A.N.C.E. Alert Card, complete the C.H.A.N.C.E. Registration Form and turn it into any Brevard County Sheriff's Office precinct, or contact the BCSO Crime Prevention Unit. A photograph of sufficient quality may be submitted with the form. The photograph should be a single portrait shot of the person identified on the form and should not contain other people. If a photo is not available, we will take a photo at the precinct during the registration process.

What do I need to bring?

Parents/Guardians should bring proof of guardianship (birth certificate/court documentation), proof of home address (deed or lease, and a utility bill), and if the person is school-aged, a copy of their Individual Education Plan (IEP) that lists their current disabilities. If unable to provide a picture, please make sure you bring your child/adult with you so we may take a photograph.

As soon as I register, will the information be immediately available in case police response is required?

No. The registration form will need to be entered into our database in order to capture all relevant information. Every effort will be made to upload this form as expediently as possible; however, the process may take up to two (2) weeks to be processed. You will, however, be provided a C.H.A.N.C.E. Alert Card immediately during the visit to the precinct.

What happens once the person is registered?

When a Deputy has contact with the person on this form, our 911 center can provide the Deputy with information needed to interact and communicate with your loved one, as well as provide the Deputy with your contact information.

Who has access to my child's profile?

Brevard County Sheriff's Office personnel who require this information in the performance of their duties will have access to the information. There are strict regulations with respect to accessing and disseminating information. The sharing of this information with other police agencies during an emergency can be helpful when a registered person is encountered by law enforcement in another jurisdiction.

Can I update my profile if there are changes? How do I do that?

This form must be completed and submitted **every two years**. You may update the information between renewals; however, only information that has a significant impact on policing response will be necessary. Some examples include a change in address, school, or emergency contact. You do not need to report changes in hair cut or color, as the police are familiar with these changes that can be made and are more likely to notice height, weight and eye color. Changes can be made on a new registry form. Photographs may be updated by email or postal mail. The photograph must be accompanied with the person with special needs' name, address, and the name and contact number of the person submitting photographs or changes.

After my child/dependent adult is registered, and if there is an incident, do I need to notify the police?

It is preferable that you let the police know that the individual is already registered. In doing so, the information will be disseminated to the responding deputy/deputies without having to ask the parents/guardians during a high-stress situation.

How will this program help if my child/dependent adult goes missing?

If the individual goes missing and is reported by the parent/guardian, information about his/her physical appearance, the most likely places where he/she would go, as well as triggers, stimulants, and de-escalation techniques will be sent to every police officer in the area to look for the missing person. If the individual has not been reported and is incapable of effectively communicating his/her name to an officer, a computer check of the neighborhood, coupled with the physical appearance, may allow us to identify the individual more quickly. This will then allow us to use the contact information to connect with the parents/guardians.

Contact Crime Prevention @ 321-264-7755 or email
crimeprevention@bcso.us

SHERIFF WAYNE IVEY

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C.H.A.N.C.E. REGISTRATION FORM



Identification Information: *Please enter the identifying information for the person with special needs*

First Name: _____ Middle Name: _____ Last Name: _____

Date of Birth: _____ Race: _____ Sex: _____

Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____

Please describe any SCARS, BIRTHMARKS, TATTOOS, or OTHER identifying information:

A photograph of sufficient quality may be submitted with this form. The photograph should be a single portrait shot of the person identified on the form and should not contain other people.

Disability/Special Need Information:

Primary Diagnosis: _____ Co-Existing Diagnosis: _____

Please list any characteristics that are associated with this person:

(Examples include sensory issues, certain behaviors, physical aggression, past dealings with police, calming strategies that work, etc.).

How does this person communicate? (words, pictures, devices, etc.)

I have / have not submitted a non-returnable photo of the person with special needs listed on this form. Initial: _____

Residence Information:

Home Address: _____ City: _____ Zip Code: _____

Parent/Guardian Information:

1. Full Name: _____ Relationship: _____

Primary Phone: _____ Secondary Phone: _____ Work Phone: _____

Place of Employment: _____

2. Full Name: _____ Relationship: _____

Primary Phone: _____ Secondary Phone: _____ Work Phone: _____

Other Emergency Contact Information:

1. Full Name: _____ Phone: _____

Home Address: _____ City: _____ Zip Code: _____

2. Full Name: _____ Phone: _____

Home Address: _____ City: _____ Zip Code: _____

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C.H.A.N.C.E. REGISTRATION FORM

This portion of the form must be signed in front of a NOTARY (a notary is available at any BCSO precinct).

I, _____, am the lawful and legal parent and/or guardian of the person with special needs listed on this form. Relationship: _____
I understand the program is location based, and the information I provided is tied to the resident's address and may not be available if an incident occurs away from the residence. I understand this information will be retained for a period of two years from submission, to expire on the first business day following the last day of the month of submission. I understand the information provided to the Brevard County Sheriff's Office is for law enforcement to have all the necessary information to better handle a situation and that information may be subject to public records laws, - F.S.S. Ch. 119 - **however, special needs are protected under HIPPA laws and will be redacted when necessary.**

Initial: _____

RELEASE OF INFORMATION

I, _____, hereby give my permission for the Brevard County Sheriff's Office to retain and distribute the information contained in this registration form to other first responder personnel for the sole purpose of identification and protection of the person identified above in an emergency or crisis situation. I acknowledge that the information I provide does not guarantee the identified person's safety and/or health and wellbeing. I further understand that it is my sole responsibility to keep this information updated and provided to the Brevard County Sheriff's Office 911 Communications Center and that I will not hold the Brevard County Sheriff's office responsible for any outdated, false, inaccurate or incomplete information that I provide.

I, _____, first party for and in consideration of privilege of submitting information to the Brevard County Sheriff's Office, Florida 911 Communications Section or other valuable considerations received from or on behalf of the Brevard County Sheriff's Office, second party, the receipt where is hereby acknowledged. HEREBY remise, release, acquit, satisfy and forever discharge the said second party of and from all and all manner of actions which said first party ever had, now has, hereafter can, shall or may have, against said second party, for, upon or by reason of submitting information on this form to the Brevard County Sheriff's Office 911 Communications Section.

Signature of Parent/Guardian: _____

***Important!** The first page of the application needs to be renewed **every two years**, otherwise the application will be canceled after two years.

**STATE OF FLORIDA,
COUNTY OF BREVARD.**

Sworn to (or affirmed) and subscribed before me by means of Physical Presence or Online Notarization, this ____ day of _____, 20____, by _____.

Signature of Notary Public OR Law Enforcement Officer as provided in FSS 117.10.

NOTARY SEAL

Print or Type Commissioned Name of Notary Public or Law Enforcement Officer
 Personally, known OR Produced valid identification Type of Identification produced _____

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