

# Goochland County Sheriff's Office



## Handle with Care Application

Please complete this form for each member of your household that requires any special accommodations and return it to the Goochland County Sheriff's Office by email at [gcsocommunity@goochlandva.us](mailto:gcsocommunity@goochlandva.us) or by mail at the address below.

Handle with Care  
c/o GCSO  
P.O. Box 29  
Goochland, VA 23063

### Section1: Client Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Email Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Gender:  Male  Female  Prefer not to answer

#### Special Needs:

Please list any other Physical, Psychological, or Diagnosed Behavioral special needs which shall serve as a reminder to the first responders that needed special consideration or attention may be needed or given to the individual involved in a call for service. (Examples Autism, Dementia, Down Syndrome, Hearing Impaired, Immobility, Speech or language impaired, Etc.)

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### Section 2: Emergency Contact Information

#### Contact 1

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Relationship to Client: \_\_\_\_\_

Email Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Gender: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Prefer not to answer

### Contact 2

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Relationship to Client: \_\_\_\_\_

Email Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_ Apartment\Unit: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### Contact 3

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Relationship to Client: \_\_\_\_\_

Email Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### Caregiver

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

Email Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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### Section 3: Vehicle Information

#### Vehicle 1

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

Type (Car, Truck, SUV, Motorcycle, Moped): \_\_\_\_\_ Color(s): \_\_\_\_\_

Noticeable Damage: \_\_\_\_\_

License Plate: \_\_\_\_\_ License Plate State: \_\_\_\_\_

Additional Information: \_\_\_\_\_

#### Vehicle 2

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

Type (Car, Truck, SUV, Motorcycle, Moped): \_\_\_\_\_

Color(s): \_\_\_\_\_

Noticeable Damage: \_\_\_\_\_

License Plate: \_\_\_\_\_ License Plate State: \_\_\_\_\_

Additional Information: \_\_\_\_\_

#### Vehicle 3

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

Type (Car, Truck, SUV, Motorcycle, Moped): \_\_\_\_\_

Color(s): \_\_\_\_\_

Noticeable Damage: \_\_\_\_\_

License Plate: \_\_\_\_\_ License Plate State: \_\_\_\_\_

Additional Information: \_\_\_\_\_

*Please allow three business days for contact by Sheriff's Office personnel. All information received on this form will be kept private and not for public use. If you have any questions, please call the Sheriff's Office at 804-556-5349.*