



WOODBRIDGE POLICE DEPARTMENT

Alzheimer's Alert Program



When a family member/friend that has been afflicted with Alzheimer's Disease wanders, it can be devastating. Knowing that a loved one is lost can present a feeling of hopelessness. The Woodbridge Police Department would like to help the families/friends of those with Alzheimer's Disease. Hence, we have created the Alzheimer's Alert Program.

Registration in this program is VOLUNTARY. To participate in the program, please complete the attached registration form, including a recent photograph of your loved one. The completed document should be returned to the Woodbridge Police Department. Information provided will be kept confidentially on file, at our Dispatch Center.

If a family member/friend is reported missing, please immediately contact the Woodbridge Police Department. Please provide Dispatch personnel with a detailed description of the missing person. Additionally, advise Dispatch personnel that your loved one is registered in the Alzheimer's Alert Program.

The Woodbridge Police Department strongly encourages anyone concerned about a family member/friend that has been afflicted with Alzheimer's Disease and tends to wander to register in this program. This is a free, voluntary service offered by the Woodbridge Police Department.



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Please complete form and return to:

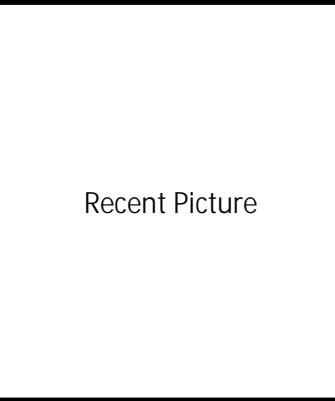
Woodbridge Police Department
4 Meetinghouse Lane
Woodbridge, CT 06525

NAME: _____

DATE OF BIRTH: _____ SEX: _____

HEIGHT: _____ WEIGHT: _____ EYE COLOR: _____ HAIR COLOR: _____

ADDRESS:



Recent Picture

EMERGENCY CONTACT PERSON AND TELEPHONE NUMBER:

SCARS/TATTOOS/IDENTIFYING MARKS:

NICKNAME: (NAME THAT PERSON IS FAMILIAR WITH/NAME USED TO SOLICIT A RESPONSE)

FREQUENTED DESTINATIONS:

MOTOR VEHICLE INFO (TYPE, MAKE, MODEL, REGISTRATION PLATE, OTHER IDENTIFYING):

DOES THE INDIVIDUAL RESPOND TO THEIR NAME? YES__ NO__ LIMITED__

METHOD OF COMMUNICATION? VERBAL: YES__ NO__ LIMITED__

OTHER RELEVANT/HELPFUL INFORMATION:



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Release Waiver

I, _____ grant permission to the Woodbridge Police Department to release all pertinent information related to the care or wellbeing of _____ to the Woodbridge Police Department Dispatch Center.

I understand that this information may be released to other agencies by the Dispatch Center, such as Emergency Medical Services and the Woodbridge Fire Department.

Signature _____ Date _____

Relationship to the Registrants (Parent/Guardian/Power of Attorney):

