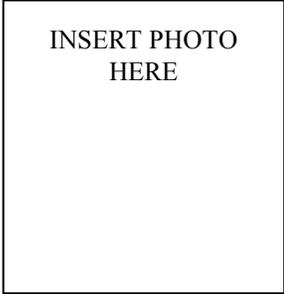# OAK LAWN POLICE DEPARTMENT

9446 S. Raymond Avenue   *   Oak Lawn, Illinois 60453   *   Phone (708) 422-8292
www.oaklawn-il.gov

SAFELY HOME PROGRAM
ALZHEIMER'S/DEMENTIA DATA COLLECTION FORM
(Please fill out this form as completely as possible. The more accurate data we have the better we can assist you).

REGISTRANT INFORMATION

INSERT PHOTO HERE

Full name_____

First or nickname_____

Street address_____

City_____ County_____

State_____ Zip code_____

Telephone number_____(_____)_____-_____

Date of Birth_____

Height_____ Weight_____ Eye Color_____ Hair Color_____

Race_____ Complexion: Fair_____ Medium_____ Dark_____

Male_____ Female_____ Language Spoken_____

Medical Conditions_____

Disabilities (heart condition, etc.)_____

Critical Medications_____

Primary Care Doctor_____

Dr's Address and Phone No._____

Registrant's Employer (if app.)_____

Circle the characteristics that apply:

Glasses   Contacts   Hearing Aid   Wig   Beard   Mustache   Bald   Cane

Medical ID Bracelet/Necklace   Walker   Wheelchair   Other:aaaaaaaaaaaaaaaaaaaaa

Describe/location:

Mole(s)_____ Tattoo(s)_____

Scar(s)_____ Birthmark(s)_____

Have they wandered before? Yes   No   (Check)
If so, where were they located?

This form can also be filled out on the computer and e-mailed along with the photo (JPEG) to Commander Arthur Clark with the Oak Lawn Police Department at aclark@oaklawn-il.gov, who will distribute it accordingly, please write "Safely Home" on the subject line. You can also print it and when filled out (with photo attached) bring it to the Oak Lawn Police Department at 9446 S. Raymond, Oak Lawn, IL 60453.

Were any of these locations an old workplace or residence? Yes ¨V ¨¨¨ #
  If yes, please specify:
  Workplace

  Residence

Does the registrant know how to use the bus system? Yes or No (Check)

CONTACT INFORMATION
Primary contact/caregiver is called first if a person is found and may arrange to return registrant.

Name_____

Address_____

City_____ State_____ Zip Code_____

Home Phone__(_____)_____-_____

Work Phone___(_____)_____-_____

Other Phone (please indicate type – cell, pager, etc.)___(_____)_____-_____

Relation to registrant_____

Additional contacts can be called and receive information if a person is missing or found.

Name_____

Address_____

City_____State_____ Zip Code_____

Home Phone__(_____)_____-_____

Work Phone __(_____)_____-_____

Other Phone__(_____)_____-_____

Relation to registrant_____

Name_____

Address_____

City_____ State_____ Zip Code_____

Home Phone__(_____)_____-_____

Work Phone __(_____)_____-_____

Other Phone __(_____)_____-_____

Relation to registrant_____

Vehicles registered to registrant_____

Locations registrant may go to or enjoys

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This program is strictly voluntary. It is designed to assist the Oak Lawn Police Department in the swift and safe recovery of your loved ones. A photograph will be taken by the officer who comes to your house unless a photograph is supplied by you. This photograph and data will be entered into the database at the Oak Lawn Police Department. In the unlikely event that a loved one wanders away, the frist responders will already have all the necessary information needed to conduct a thorough and extensive search. This relieves the family of having to attempt to locate the pertinent information during a time of stress, and allows the family to focus on locating the loved one.

Thank you for participating in this program. Please be assured that all the data collected will be held in the strictest of confidence and only used by the police. We hope it never has to be utilized, but should be peace of mind for the family and the police knowing the information is accessible if needed. If any you have any questions, please feel free to contact the Oak Lawn Police Department at (708)636-2929.

Print Name_____

Signature_____

Date_____

If you are filling this form out online please attach a JPEG picture of your loved one. Please submit a head and shoulders picture with a neutral background and please do not submit any pictures with anyone/thing but the registrant in it.

If you have any questions about completing this form or need an officer to come to your home to take a picture of your loved one please call (708)636-2929 Monday-Friday 8:00am-2:00pm.

If your loved one is missing please call 911.

<u>RELEASE</u>

I, _____, hereby give my permission for any first responder agency (including but not limited to- police, fire/rescue/EMS/911 – dispatch center/ search and rescue personnel) 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.

Name (print): _____

Name: (signature): _____

Date Signed: _____

(If filling out & sending electronically put "approved electronically" in the signature field)

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