

PLEASE PLACE A CURRENT PHOTO
HERE, OR HAVE ONE AVAILABLE FOR
LAW ENFORCEMENT USE.

The Alzheimer's Association has many programs available to support families with Alzheimer's Disease including a registry—MedicAlert+ Safe Return Program
Alzheimer's Association
1-800-272-3900 (24 hours a day)
www.alz.org

**If an individual with Alzheimer's disease becomes lost and is registered with this program, law enforcement can easily access information through the RISS network.*

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QUESTIONS TO EXPECT FROM THE MESA POLICE DEPARTMENT ABOUT A MISSING

ADULT:

- *When and where were they last seen?*
- *Have they wandered previously?*
- *Did they leave on foot or in a vehicle?*
- *If missing before, where did they go and where were they found?*
- *Are they carrying a cell phone? Identification?*
- *Would they recognize police or someone in uniform?*
- *Do they have weapons or access to weapons?*
- *Would they have a negative reaction to being approached by someone in uniform?*
- *Do they have money/credit cards with them?*
- *Do they know how to use public transportation?*
- *Do they remember their name? Address?*



MESA POLICE DEPARTMENT



Alzheimer's Aware
Recognize. React. Respond.

ADULT ID KIT

Preventing a tragedy is sometimes as easy as having the right information when a situation occurs.

If you have a loved one that suffers from Alzheimer's disease or another form of dementia, having up-to-date information and taking quick action can make a difference in locating someone who has wandered off.

Take the time to fill out the enclosed information and update it annually with a recent picture.

And, if your loved one goes missing

CALL 9-1-1!



IDENTIFYING INFORMATION FOR PERSON WITH DEMENTIA

NAME: _____

NICKNAME: _____

ADDRESS: _____

IS THE ADDRESS ABOVE A CARE FACILITY?: Y N

DATE OF BIRTH: _____

PLACE OF BIRTH: _____

SEX: M F

RACE: _____

HEIGHT: _____ WEIGHT: _____

EYE COLOR: _____

GLASSES?: Y N

HEARING AID?: Y N

HAIR COLOR: _____

HAIR STYLE: _____

SCARS/MARKS/TATTOOS:

WALKING AID (CANE, WALKER)?: Y N

REGISTERED WITH MEDICALERT OR LOCAL
REGISTRY? Y N

WEARING AN ELECTRONIC TRACKING DEVICE,
MEDICALERT BRACELET OR TAG? Y N

MEDICAL CONDITIONS (PHYSICAL OR MENTAL
IMPAIRMENTS):

MEDICATIONS: _____

ALLERGIES: _____

CURRENT/FORMER OCCUPATION:

LOCATIONS THE PERSON MAY VISIT / OR PAST
RESIDENCES:

OTHER IDENTIFYING FEATURES OR IMPORTANT
INFORMATION THAT MIGHT ASSIST POLICE:

VEHICLE INFORMATION:

MAKE: _____

MODEL: _____

COLOR: _____

STYLE (4 DOOR, 2 DOOR, SUV, ETC.)

LICENSE PLATE #: _____

STATE: _____

OTHER INFORMATION

DOES THE PERSON HAVE A CELL PHONE? Y N

IF YES, NUMBER: _____

ATTENDING PHYSICIAN:

PHONE NUMBER: _____

**MAINTAIN THE PERSONS BANKING AND CREDIT
CARD INFORMATION IN A SECURE PLACE TO BE
AVAILABLE TO LAW ENFORCEMENT SHOULD
THEY GO MISSING.**

CONTACT PERSON: _____

PHONE: _____