

CORTLAND POLICE DEPARTMENT
400 North High Street, Cortland, Ohio 44410
Phone: (330) 638-1000 Fax: (330) 637-4916

***ALZHEIMER'S/DEMENTIA & AUTISM/DEVELOPMENTAL DISABILITIES
ASSISTANCE PROGRAM***

As a part of our mission to protect life and to assist the public-at-large in a manner consistent with the rights and dignity of all persons, the **Cortland Police Department** has developed an assistance program to rapidly respond in the event that an Alzheimer's or Autistic loved one should become lost. In the unlikely event that a loved one wanders away, the Police Department will already have all of the necessary information needed to conduct a thorough and extensive search.

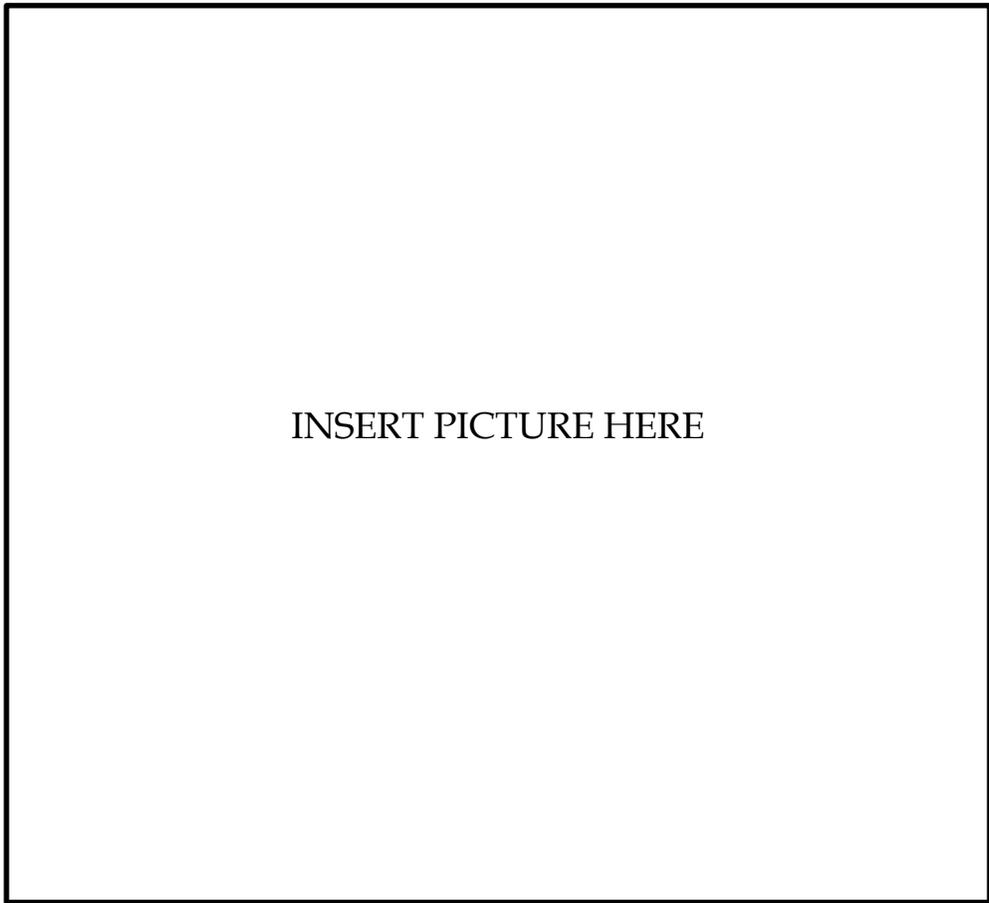
If you are the caregiver/ guardian for someone living in the Cortland area that has been diagnosed with Alzheimer's, Dementia, Autism or a Developmental Disability; please consider filling out the attached information sheet and forward it to the **Cortland Police Department** at the address or fax number above. If you need assistance or have questions, please feel free to contact Administrative Assistant Marcia Bertolini or Chief Tom Andrews at (330) 638-1000. This form includes information that will help us identify the person, such as height, weight, hair and eye color, as well as provide names of emergency contact people and medical information such as preferred hospital, primary care physician, allergies and medications. All information remains confidential and we will call to update and verify the information periodically.

It is very helpful to have a current photograph/s of the person. An officer is available to take a photograph if a recent one is not readily available. All of the information you provide will be entered into our computer system. The key component to this program is that officers will have information and photographs to view from their computers in the police cruisers. This is invaluable if an officer encounters a loved one who has wandered away and is unable to identify themselves or their homes.

If the Alzheimer's or Autistic subject becomes missing in Cortland or nearby, **immediately call 911**. Be sure to advise the dispatcher that the lost person is a participant in the Alzheimer's/ Autistic Assistance Program through the Cortland Police. Officers will be dispatched to locate the missing person and forward any information to other responding police and fire personnel.

This program is strictly voluntary. It is designed to assist **Cortland Police Department** in the swift and safe recovery of your loved ones.

REGISTRATION INFORMATION			
Full Name:		Nickname:	
Address:			
Telephone Number:		DOB:	
Height:	Weight:	Eye Color:	Hair Color:
Gender:	Race:	Language Spoken:	
Driver's License State:		Driver's License Number:	
Vehicle Make and Model:		Plate Number:	
Has this person wandered from home before? Yes No			
If yes, please describe where they went/or where they were found.			



Date photo was taken: _____

Initials: _____

CONDITION INFORMATION

Medical Condition: _____

Disabilities (*heart condition, etc.*): _____

Critical Medications:	Known Allergies:
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Primary Care Physician:	Physician Telephone No.
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Preferred Hospital: _____

Please check the characteristics that apply:

Glasses	Contacts	Hearing Aid	Wig	Beard	Mustache	Bald	Cane
Medical ID Bracelet/Necklace	Walker	Wheelchair	Other: _____				

Describe/location:

Mole(s) _____ Tattoo(s) _____

Scar(s) _____ Birthmarks(s) _____

VEHICLE INFORMATION-PRIMARY

Make/Year/Color: _____

License Plate State:	Plate Number
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ADDITIONAL VEHICLE INFORMATION

Make/Year/Color: _____

License Plate State:	Plate Number
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ADDITIONAL VEHICLE INFORMATION

Make/Year/Color: _____

License Plate State:	Plate Number
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Initials: _____

CONTACT INFORMATION

The primary contact/caregiver is called first if a person is found and may arrange to return registrant.

Primary Contact/Caregiver:

Address:

Home Phone:

Cell:

Work Phone:

Relation to registrant:

Alternate Contact:

Address:

Home Phone:

Cell:

Work Phone:

Relation to registrant:

Alternate Contact:

Address:

Home Phone:

Cell:

Work Phone:

Relation to registrant:

Alternate Contact:

Address:

Home Phone:

Cell:

Work Phone:

Relation to registrant:

Initials: _____

