

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

***ALZHEIMER'S/DEMENTIA 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 Alzheimer's/Dementia Assistance Program to rapidly respond in the event that an Alzheimer's or Dementia patient 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 for someone living in Cortland who has been diagnosed with Alzheimer's, Dementia or an elderly person who tends to wander or get lost, please fill out the attached information sheet and contact the **Cortland Police Department at (330) 638-1000**. Advise the Administrative Assistant that you would like to have someone included in the **Alzheimer's/Dementia Assistance Program**. An officer will be directed to the residents address and will assist you in filling out an **Alzheimer's/Dementia Patient Information Sheet**. 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.

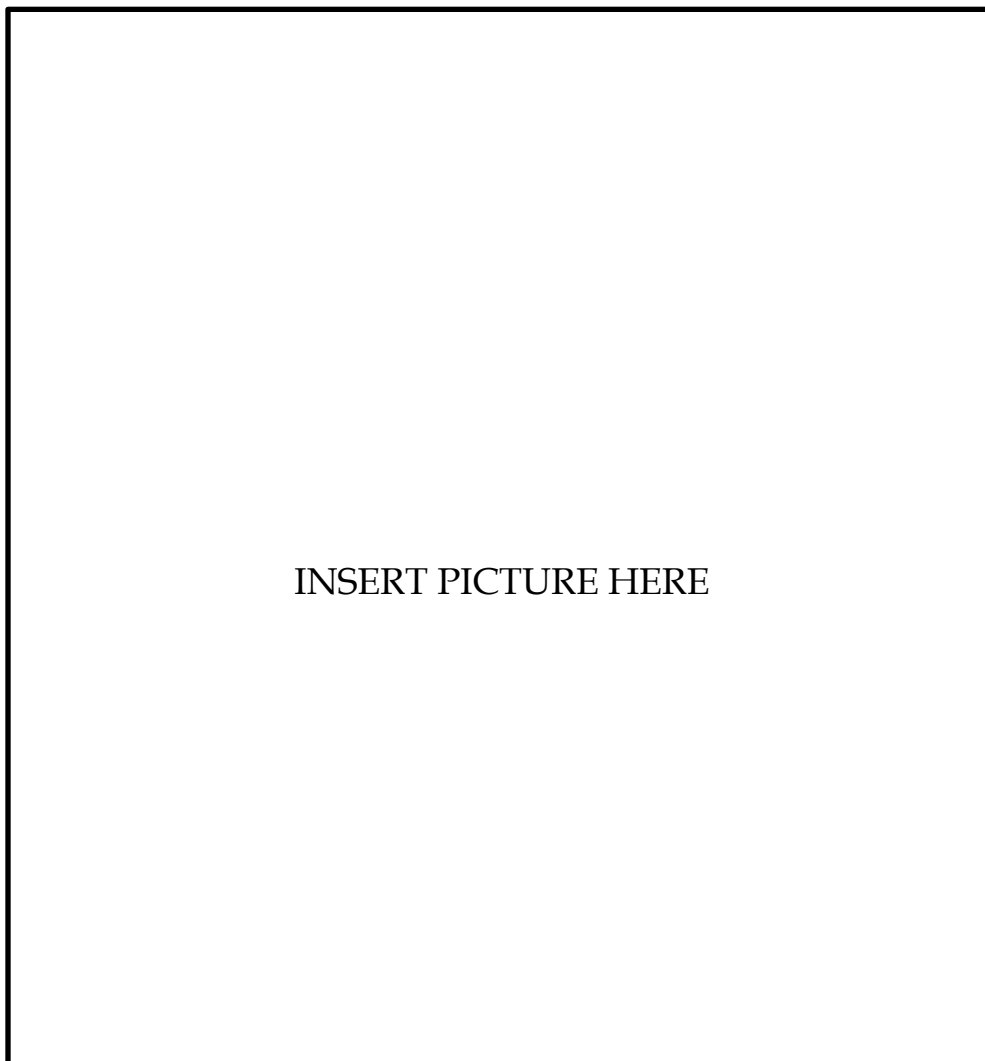
It is very helpful to have a current photograph of the person. An officer will take a photograph if a recent one is not readily available. All of the information you provide will be entered into our computer system along with the photograph.

If the Alzheimer's or Dementia patient becomes lost, call the **Cortland Police Department or Trumbull County 911 immediately**. Be sure to advise the officer or dispatcher that answers that the lost person is a participant in the Alzheimer's/Dementia Assistance Program. An officer will be dispatched to locate the missing person.

***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.			



**CONDITION INFORMATION**

Medical Condition:

Disabilities (*heart condition, etc.*):

Critical Medications:

Known Allergies:

Primary Care Physician:

Physician Telephone No.

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) \_\_\_\_\_

**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:		

Alternate Contact:		
Address:		
Home Phone:	Cell:	Work Phone:
Relation to registrant:		

<b>RELEASE FORM</b>	
<p>I, _____, give my permission for the Cortland Police Department to retain this information, to be kept confidentially on file for the purpose of identification and assistance relative to the <b>ALZHEIMER'S/DEMENTIA ASSISTANCE PROGRAM</b> efforts and related investigation activities.</p>	
Signature: _____	Date: _____