

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 Elaine Stredney 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.

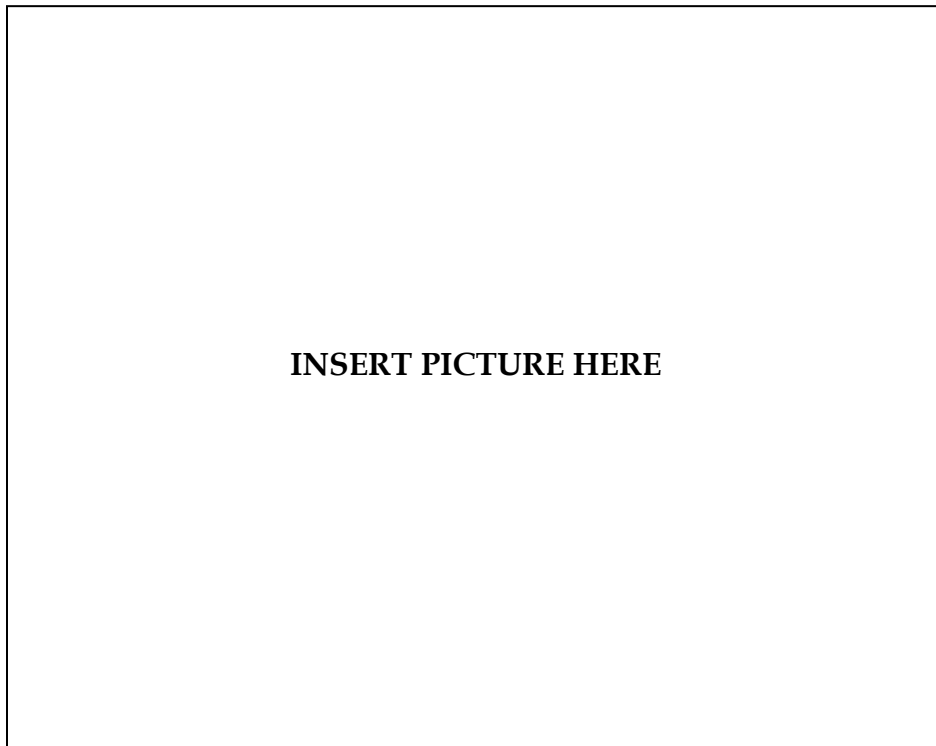
If the Alzheimer's or Autistic subject becomes missing in Cortland or nearby, **immediately call 911**. Be sure to advise the dispatcher that the lost person is a participant in the Alzheimer's/ Autistic Assistance Program through the Cortland Police. Officers will be dispatched to locate the missing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

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***AUTISM/DEVELOPMENTAL DIASABILITY
REGISTRATION FORM***

Name:					DOB:	
Race:	Sex:	Height:	Weight:	Hair Color:		Eye Color:
Scars/Birthmarks/Tattoos:						
Home Address:					Home Phone:	
Primary Diagnosis:			Level of Functioning : High Medium Low			
Any other medical diagnosis we should know about?						
Medications currently taken:						
Verbal		Non-Verbal		If non-verbal, mode of communication:		
Verbal but with some communication delays.						



Date Picture was taken: _____

Initials: _____

Have they wandered before? Yes No	If so, where were they located?		
List all lakes, ponds, streams, pools, drainage ponds, etc., in the area:			
Favorite hiding place at home:			
Favorite place in the neighborhood/community?			
Will they respond to their name being called?	Yes	No	

CHARACTERISTICS

Sensory issues?				
Describe:		Yes		No
Touch?				
Describe:		Yes		No
Sounds?				
Describe:		Yes		No
Bright Lights?				
Describe:		Yes		No
Processing Delays?				
Describe:		Yes		No
Stimming Behavior (describe):				
Fears (describe):				
Dislikes/Triggers (describe):				
Favorite Objects/Topics:				
Pre-meltdown signs:				
Meltdown Behavior (describe):				
Calming strategies:				
Tendencies toward physical aggression?				
Ability to recognize injury? High pain tolerance Average pain tolerance				
Weapons in the home? <i>If yes, please list the type of weapon and its location in the home.</i>		Yes		No
Are weapons properly secured?		Yes		No
Alcohol/Drug Issues?		Yes		No

PRIMARY CONTACTS/PARENTS/GUARDIAN/POA

Home: Name		Relationship:
Address:		
Phone Number: Home:	Cell:	

EMERGENCY CONTACTS

Home: Name		Relationship:
Address:		
Phone Number: Home:	Cell:	

EMERGENCY CONTACTS

Home: Name		Relationship:
Address:		
Phone Number: Home:	Cell:	

ALTERNATE CONTACT INFORMATION

Case Worker:	Agency:
Agency Phone:	Case Worker Phone Number:
School Name (<i>if applicable</i>):	Grade:
School Address:	
School Contact:	Phone:
Relationship to Student:	
Place of work (<i>if employed</i>):	

EMPLOYMENT INFORMATION

Place of work (<i>if employed</i>):	
Work Address:	
Work Contact:	Work Phone:

VEHICLE INFORMATION-PRIMARY

Make/Year/Color:	
License Plate State:	Plate Number:

ADDITIONAL VEHICLE INFORMATION

Make/Year/Color:	
License Plate State:	Plate Number:

ADDITIONAL VEHICLE INFORMATION

Make/Year/Color:	
License Plate State:	Plate Number:

ADDITIONAL INFORMATION

RELEASE

I, _____, legal guardian 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: _____ Relationship: _____

Initials: _____