ALZHEIMER’S ALERT PROGRAM REGISTRY

PURPOSE: Offers the community a helpful service to give greater peace of mind to our senior citizens and dependent adults, their families, and caregivers.

From time to time, our officers are called upon to assist a lost senior citizen or dependent adult. Often, these individuals are disoriented and unable to remember their names or where they live. They sometimes experience a long wait while the officers attempt to identify and return them to where they belong.

The Alzheimer’s Alert Program is an entirely voluntary program.

To register a senior or dependent adult, please complete and mail the attached Registry Information form to the Cumberland Police Department.

A current photograph is requested to accompany the form.

For additional information, please contact Deputy Chief Michael Kinch, the project coordinator, at (401) 333-2500.

Information contained in the registry is strictly confidential and for the exclusive use of the Cumberland Police Department.
ALZHEIMER’S ALERT PROGRAM REGISTRY

Last Name: ________________________________  First Name: ________________________________  Middle Name: ________________________________  Date of Birth: ________________________________

Nickname: ________________________________

Street Address: ________________________________  City: ________________________________  State: ________________________________  Zip Code: ________________________________

Phone Number: ________________________________  Height: ________________________________  Weight: ________________________________  Color Hair: ________________________________  Color Eyes: ________________________________  Glasses: ________________________________  Race: ________________________________

Distinguishing Features: ________________________________  ________________________________

Lives With: ________________________________  Relationship: ________________________________

Language(s) Spoken: ________________________________  ________________________________

[Yes / No] circle one  Can Client Understand Simple Directions?  [Yes / No] circle one  Verbally aggressive?  [Yes / No] circle one  Physically Aggressive?

Does Client Wander?  If yes, any particular place or direction?

Individual Client Habits (if any):

Physician Name: ________________________________  Physician Telephone Number: ________________________________

Pertinent Medical Information / Condition(s)

Medication:

Emergency Contact Information

Next of Kin: ________________________________  Next of Kin: ________________________________

Relationship: ________________________________  Relationship: ________________________________

Address: ________________________________  Address: ________________________________

Telephone Number: ________________________________  Telephone Number: ________________________________

Residential Information (if living at a care center)

Residence Name: ________________________________

Residence Administrator: ________________________________

Address: ________________________________

Telephone Number: ________________________________

Mail to:
Cumberland Police Department, Attention: Deputy Michael Kinch, 1380 Diamond Hill Road, Cumberland, RI 02864

A CURRENT PHOTOGRAPH IS REQUESTED TO ACCOMPANY THIS FORM.