**PARIS POLICE DEPARTMENT**

**DATA COLLECTION FORM**

**Alzheimer’s** / **Dementia**

or

**Autism Spectrum Disorder**

**(Please fill out this form as completely as possible. The more accurate data we have the**

**better we can assist you).**

**REGISTRANT INFORMATION:**

Full name

First or nickname

Street address       City       County

State       Zip code

Telephone number (     )     -

Date of Birth

Height       Weight       Eye Color       Hair Color

Race Choose an item. Complexion: Fair  Medium Dark

Male Female Language Spoken

Medical Conditions

Disabilities (heart condition, etc.)

Critical Medications

Primary Care Doctor

Dr.’s Address       Phone No.

Registrant’s Employer (if app.)

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)       Birthmark(s)

Vehicles registered to registrant

Locations registrant may go to or enjoys

**CONTACT INFORMATION:**

**Primary contact/caregiver is called first if a person is found and**

**may arrange to return registrant.**

Name

Address

City       State       Zip Code

Home Phone (     )     -

Work Phone (     )     -

Other Phone (please indicate type – cell, pager, etc.) (     )     -

Relation to registrant

**Additional contacts can be called and receive information**

**if a person is missing or found.**

Name

Address

City       State       Zip Code

Home Phone (     )     -

Work Phone (     )     -

Other Phone (     )     -

Relation to registrant

Name

Address

City       State       Zip Code

Home Phone (     )     -

Work Phone (     )     -

Other Phone (     )     -

Relation to registrant

**Please attach most recent photo (s):**

This program is strictly voluntary. It is designed to assist the Paris Police

Department in the swift and safe recovery of your loved ones. In the unlikely event that a loved one wanders away, the police department will already have all the necessary information needed to conduct a thorough and extensive search. This relieves the family of having to attempt to locate the pertinent information during a time of stress, and allows the

family to focus on locating the loved one. Thank you for participating in this program. Please be assured that all the data collected will be held in the strictest of confidence and only used by the police. We hope it never has to be utilized, but it should provide a peace of mind for the family and the police knowing the information is readily available if needed.

If any you have any questions, please feel free to contact the Paris Police Department at 207-743-7448

Type Full Name

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_