

**PLEASE PLACE A CURRENT PHOTO
HERE, OR HAVE ONE AVAILABLE
FOR LAW ENFORCEMENT**

**QUESTIONS TO EXPECT FROM THE
PRINCETON POLICE DEPARTMENT ABOUT
A MISSING ADULT:**

- When & where were they last seen?
- Have they wandered previously?
- Did they leave on foot or in a vehicle?
- If missing before, where did they go and where were they found?
- Are they carrying a cell phone? Identification?
- Would they recognize police or someone in uniform?
- Do they have weapons or access to weapons?
- Would they have a negative reaction to being approached by someone in uniform?
- Do they have money/credit cards with them?
- Do they know how to use public transportation?
- Do they remember their name? Address?

**PRINCETON POLICE
DEPARTMENT**



**Alzheimer's & Dementia
Awareness**

ADULT ID KIT

Preventing a tragedy is sometimes as easy as having the right information when a situation occurs.

If you have a loved one that suffers from Alzheimer's Disease or another form of dementia, having up-to-date information and taking quick action can make a difference in locating someone who has wandered off.

Take the time to fill out the enclosed information and update it annually with a recent picture.

And, if your loved one goes missing — CALL 9-1-1

The Alzheimer's Association has many programs available to support families with Alzheimer's Disease including a registry— MedicAlert + Safe Return Program .

Alzheimer's Association
1-800-272-3900 (24 hrs a day)
www.alz.org

To join MedicAlert + Safe Return:

1. **Online:** medicalert.org/safereturn
2. **Call:** 1.888.572.8566
3. **Mail or Fax:** Completed enrollment form.
4. www.alz.org

If an individual with Alzheimer's disease becomes lost & is registered with this program, law enforcement can easily access their information to aid in their safe return.

IDENTIFYING INFORMATION FOR PERSON WITH DEMENTIA

NAME: _____

NICKNAME: _____

ADDRESS: _____

IS THE ADDRESS ABOVE A CARE FACILITY?: Y N

DATE OF BIRTH: _____

PLACE OF BIRTH: _____

SEX: M F

RACE: _____

HEIGHT: _____ WEIGHT: _____

EYE COLOR: _____

GLASSES?: Y N

HEARING AID?: Y N

HAIR COLOR: _____

HAIR STYLE: _____

SCARS/MARKS/TATTOOS:

WALKING AID (CANE, WALKER)?: Y N

REGISTERED WITH MEDICALERT OR LOCAL
REGISTRY? Y N

WEARING AN ELECTRONIC TRACKING DEVICE,
MEDICALERT BRACELET OR TAG? Y N

MEDICAL CONDITIONS (PHYSICAL OR MENTAL
IMPAIRMENTS):

MEDICATIONS: _____

ALLERGIES: _____

CURRENT/FORMER OCCUPATION:

LOCATIONS THE PERSON MAY VISIT / OR PAST
RESIDENCES:

OTHER IDENTIFYING FEATURES OR IMPORTANT
INFORMATION THAT MIGHT ASSIST POLICE:

VEHICLE INFORMATION:

MAKE: _____

MODEL: _____

COLOR: _____

STYLE (4 DOOR, 2 DOOR, SUV, ETC.)

LICENSE PLATE #: _____

STATE: _____

OTHER INFORMATION

DOES THE PERSON HAVE A CELL PHONE? Y N

IF YES, NUMBER: _____

ATTENDING PHYSICIAN:

PHONE NUMBER: _____

MAINTAIN THE PERSONS BANKING AND CREDIT
CARD INFORMATION IN A SECURE PLACE TO BE
AVAILABLE TO LAW ENFORCEMENT SHOULD
THEY GO MISSING.

CONTACT PERSON: _____

PHONE: _____