

Eules Police Department Community Outreach

Voluntary registry for individuals diagnosed with Alzheimer's disease and related dementias

Please complete the following form and attached required paperwork. If you have any questions please contact the mental health coordinator with the Eules Police Department.

All the information provided will assist with locating your family member and meets State requirements for requesting Silver Alerts

Participants name _____

DOB _____ Address _____

Physicians name _____

Documented diagnoses _____ (attach physician's letter)

Co-existing medical conditions _____

Prescribed medications _____

Physical description _____

_____ (attach current photo)

Complete vehicle(s) information accessible to the participant

Model _____ Make _____ Year _____ License plate _____

Model_____ Make_____ Year _____ License plate _____

Model_____ Make_____ Year _____ License plate _____

Participant's cell phone number and service provider

Credit/Debit card access Yes_____ No_____

Family member completing form _____

Please provide your cell phone number _____

Does participant live with you Yes_____ No _____

If no, please provide your address _____

Who provides care for the participant _____

Past locations significant to the participant _____

Additional information you feel would be important for the police to know about
the participant _____

Additional emergency contacts

Name_____ contact number _____

Name_____ contact number _____

Name_____ contact number _____