

**SAFE RETURN PROGRAM REGISTRATION FORM** (please print)

**Registrant Information**

Full Name \_\_\_\_\_  
*(will be printed on all identification products)*

Address \_\_\_\_\_  
\_\_\_\_\_  
*(not P.O. box)*

City \_\_\_\_\_

County \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_

Social Security # \_\_\_\_\_

Date of Birth \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_

Eye Color \_\_\_\_\_ Hair Color \_\_\_\_\_

Race \_\_\_\_\_

Complexion:  Fair  Medium  Dark

Sex:  Male  Female

Languages Spoken/Understood \_\_\_\_\_

\_\_\_\_\_

Medical Conditions \_\_\_\_\_

\_\_\_\_\_

Critical Medications \_\_\_\_\_

\_\_\_\_\_

Check the characteristics that apply:

Glasses  Contacts  Hearing Aid

Wig  Beard  Mustache

Bald  Cane  Other \_\_\_\_\_

Location and Description of:

Mole \_\_\_\_\_ Tattoo \_\_\_\_\_

Scar \_\_\_\_\_ Birthmark \_\_\_\_\_

Current photograph provided:  yes  no  
*(Original photo, passport size or larger. Please write registrant's name on the back as photo will not be returned.)*

**Contact Information**

**Primary Contact/Caregiver** is called first when a person is found and arrangements are made to return registrant.

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

City \_\_\_\_\_

County \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: Home (\_\_\_\_) \_\_\_\_\_

Work (\_\_\_\_) \_\_\_\_\_

Relationship to Registrant \_\_\_\_\_

**Additional Contacts** can be called to receive information if a person is missing or found:

**Name** \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: Home (\_\_\_\_) \_\_\_\_\_

Work (\_\_\_\_) \_\_\_\_\_

Relationship to Registrant \_\_\_\_\_

**Name** \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: Home (\_\_\_\_) \_\_\_\_\_

Work (\_\_\_\_) \_\_\_\_\_

Relationship to Registrant \_\_\_\_\_

**Law Enforcement:** Police or Sheriff Department nearest registrant's residence:

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (not 911): (\_\_\_\_) \_\_\_\_\_

Fax: (\_\_\_\_) \_\_\_\_\_

**Registrant Jewelry**

*View jewelry styles on reverse, then check selections below.*

Bracelet  Necklace

Style:  A  B  C

Exact Wrist Measurement: \_\_\_\_\_ inches  
*(measurement required if ordering bracelet)*

**Caregiver Jewelry**

*View jewelry styles on reverse, then check selections below.*

Bracelet  Necklace

Style:  A  B  C

Exact Wrist Measurement: \_\_\_\_\_ inches  
*(measurement required if ordering bracelet)*

**To Register**

Send the completed registration form, photo and a check for \$40 made out to:

**Alzheimer's Association**  
100 West Station Square Drive  
The Landmarks Building, Suite 500  
Pittsburgh, PA 15219  
(412) 261-5040 or (800) 652-3370  
FAX: (412) 471 2722

Allow 6 weeks for delivery of identification products. Products will be sent to primary contact person unless otherwise indicated.

**Release**

I, the undersigned, for myself and on behalf of the registrant named above, do hereby authorize the Alzheimer's Disease and Related Disorders Association, Inc. and the Alzheimer's Association Safe Return Program (collectively, the "Alzheimer's Association") to release the above information in response to emergency calls regarding the registrant and do further agree to indemnify and hold harmless the Alzheimer's Association, its local Chapters and affiliates, Life Crisis Services, Inc. and their respective employees, agents, officers and directors, from any and all claims (other than willful misconduct) arising out of participation in the Alzheimer's Association Safe Return Program or the release of the above information.

Furthermore, I hereby represent and warrant to the Alzheimer's Association that I have full power and authority as the duly authorized representative of the registrant named above, to register and act on his or her behalf.

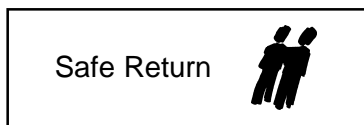
Contact Signature \_\_\_\_\_  
*Signature/consent required for registration*

## Safe Return *Jewelry Styles*

### Style A



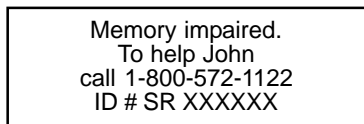
### Style B



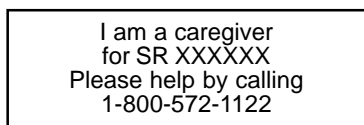
### Style C



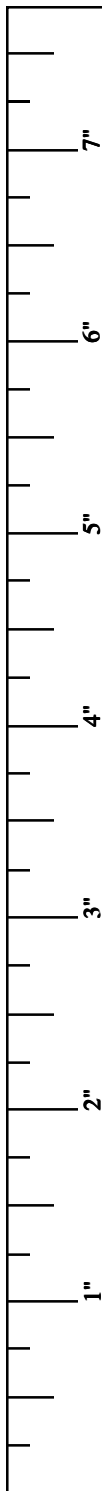
#### Back of Registrant Jewelry



#### Back of Caregiver Jewelry



Bracelet measurement instructions: Use a flexible tape measure to determine wrist size, or encircle wrist with string and measure string against this reference ruler.



Phone the Alzheimer's Association, Greater Pennsylvania Chapter for these additional resources:

**"Preventing and Preparing for Wandering Behavior"**

**"Encouraging Someone to Wear Their Safe Return Identification Products"**

**Helpline  
(800) 652-3370**

## Safe Return *Assistance*

- √ Safe Return is a nationwide identification, support and registration program. Assistance is available 24 hours, every day.
- √ When a registrant is reported missing, Safe Return faxes the registrant's information and photo to local law enforcement.
- √ When a registrant is found, a citizen or law official calls the 800 number and Safe Return notifies listed contacts. The local Alzheimer's Association Chapter provides support.

## Safe Return *Identification*

With a \$40 registration fee, you receive the following products:

- √ Engraved identification bracelet or necklace, iron-on clothing labels, key chain, lapel pin, refrigerator magnet, stickers, wallet cards and *Caregiver Checklist*.
- √ For an additional \$5, receive caregiver jewelry. In an emergency, it alerts others that you provide care for a person registered in Safe Return.



## Safe Return *Registration*

- √ Mail completed registration form, registration fee of \$40 (add \$5 for caregiver jewelry) and registrant's photo to the Alzheimer's Association, Greater Pennsylvania Chapter.

ALZHEIMER'S ASSOCIATION

# Safe Return

## An identification program for those who wander

*Alzheimer's disease and related dementias cause millions of Americans to lose their ability to recognize familiar places and faces. They may become disoriented and lost in their own neighborhood or far from home. Although common, this behavior can be dangerous, even life-threatening to individuals and stressful for caregivers.*

### There is help.

*The Alzheimer's Association Safe Return Program is a nationwide service which assists in the identification and safe return of individuals with Alzheimer's or a related dementia who wander and become lost.*

## For safety and peace of mind, register now in Safe Return



Someone to Stand by You

GREATER PENNSYLVANIA CHAPTER  
[www.alzpa.org](http://www.alzpa.org)

**Helpline  
(800) 652-3370**