



Alzheimer's disease causes millions of Americans to lose their ability to recognize familiar places and faces. They may become disoriented and lost in their 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 assists in the safe return of individuals with Alzheimer's or a related dementia who wander and become lost.

Assistance

Alzheimer's Association Safe Return™ is a nationwide identification, support and registration program working at the community level. Assistance is available 24 hours, every day, whenever a person is lost or found.

When the registrant is missing, Safe Return faxes the registrant's information and photo to local law enforcement. When found, a citizen or law official calls the 800-number and Safe Return notifies listed contacts. Your local Alzheimer's Association chapter provides support.

Identification

With the \$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.

[^]Identification products are sent to the physical address of the primary contact, unless otherwise indicated.

Registration

- Mail completed registration form, payment* and registrant photo** to the address on the back.
- To register by phone, call toll-free 1.888.572.8566 (24 hours, every day) with registration and credit card information. To register online, please visit www.alz.org/safereturn. Call the 1.888.572.8566 number to update any registration information. For TDD service, call 1.888.500.5759.

*Registration fee is \$40. Add \$5 for caregiver jewelry.

** Write registrant's name on the back of photo (not returned).

Jewelry Styles

Please indicate jewelry type and style. Measure wrist for bracelet.

Instructions: Use flexible tape measure or encircle with string and measure against reference ruler below.

Style A



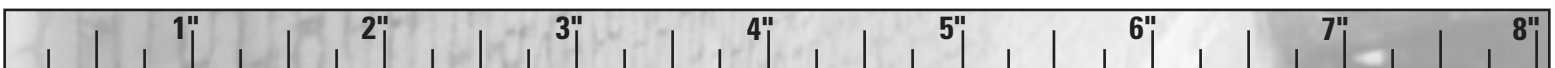
Style B



Style C



Reference Ruler



For more information on our Safe Return program, call your local Alzheimer's Association chapter or 1.800.272.3900.

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Alzheimer's Association Safe Return™ Program Registration Form (please print)

Refer to Jewelry Styles on the other side

REGISTRANT INFORMATION

Full Name _____

First or Nickname _____
(This name will be printed on identification products.)

Address _____
(Physical address)

City _____ **County** _____

State _____ **Zip Code** _____

Telephone () _____

Social Security No. _____

Date of Birth _____

Height _____ **Weight** _____

Eye Color _____ **Hair Color** _____

Race _____

Complexion: Fair Medium Dark

Male _____ **Female** _____ **Language** _____

Medical Conditions _____

Critical Medications _____

Circle the characteristics that apply:

Glasses _____ Contacts _____ Hearing Aid _____

Wig _____ Beard _____ Mustache _____

Bald _____ Cane _____

Other _____

Describe/Location:

Mole _____ Tattoo _____

Scar _____ Birth Mark _____

Current photograph provided: Yes No
(Original photo, passport size or larger)

CONTACT INFORMATION

Primary Contact/Caregiver is called first if a person is found and may arrange to return registrant.

Contact Name _____

Address _____

City _____ **County** _____

State _____ **Zip Code** _____

Telephone: Home () _____

Work () _____

Relation to Registrant _____

Additional Contacts can be called and receive information if a person is missing or found.

Name _____

Address _____

City _____ **State** _____ **Zip** _____

Telephone: Home () _____

Work () _____

Relation to Registrant _____

Name _____

Address _____

City _____ **State** _____ **Zip** _____

Telephone: Home () _____

Work () _____

Relation to Registrant _____

Law Enforcement

(Police or Sheriff Dept. nearest registrant's residence)

Address _____

City _____ **State** _____ **Zip** _____

Telephone: Home () _____

Fax () _____

REGISTRANT Jewelry (please circle type and style)

Type: Bracelet or Necklace **Style:** A B C

Exact Wrist Measurement: _____ inches
(Measurement required if ordering bracelet.)

CAREGIVER Jewelry Option (please circle type and style)

Type: Bracelet or Necklace **Style:** A B C

Exact Wrist Measurement: _____ inches

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; 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 _____ **Date** _____
(Signature/Consent required for registration.)

Payment Method

Telephone Registration Mail Registration

Check \$ _____

Visa® MasterCard® Diners Club®

Discover® American Express®

credit card number _____ exp. date _____

cardholder's name _____

cardholder's signature _____

Mail form, photo and payment to:
Alzheimer's Association Safe Return™
P.O. Box A3687
Chicago, IL 60690-3687