



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.

<sup>^</sup>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](http://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



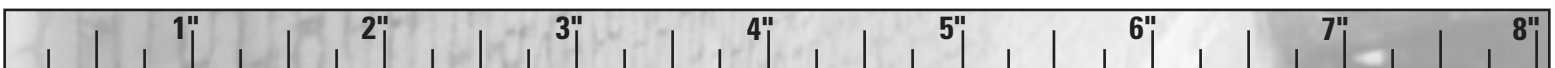
### Style B



### Style C



### Reference Ruler



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

Prepared under grant number 96-MU-MU-0009 from the Office of Juvenile Justice and Delinquency Prevention, Office of Justice Programs, U.S. Department of Justice. PF205C ©1998 Alzheimer's Disease and Related Disorders Association, Inc. (Alzheimer's Association) All Rights Reserved. Revised 2004.

**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