

Safely Home

Alzheimer Wandering Registry

## **REGISTRATION FORM**

- **To register**: 1. Please complete this form to the best of your ability. If you require assistance, please call your local Alzheimer Society at: ▶ 416-322-6560 or the National Office at 1-800-616-8816
  - 2. The form <u>must be signed</u> by the individual who is being registered or by the person who has been officially designated to make decisions on his/her behalf.
  - 3. Is the registrant a Veteran currently receiving benefits from Veterans Affairs Canada?
    - Yes. VAC Health Identification Number: K

(If yes, **do not** enclose payment. Please note that the name and address will be verified with Veterans Affairs for accounting purposes)

Canadä

- □ No (see #4)
- 4. Write a \$35 cheque for the one-time registration fee, **payable to the Alzheimer Society of Canada**.
- 5. Prepare now by keeping a current photo of the individual in your home.
- Forward the completed form and cheque to your local Alzheimer Society: Alzheimer Society of Toronto
   20 Eglinton Ave W, 16th Floor Toronto ON M4R 1K8
   <u>Please allow 3 - 4 weeks for delivery.</u>

The information on this form is being collected by the Alzheimer Society of Canada and its affiliates. Information will be shared with the Royal Canadian Mounted Police, only for the purpose of locating missing persons. Information retained by the RCMP will be retained in the Personal Information Bank CMP PPU-005 in accordance with the Privacy Act and made available to law enforcement agencies through CPIC.

	Office Use Only ID Number					
— PLEASE PRINT CLEARLY —						
IDENTIFICA	TION OF PERSON					
Surname						
First Name (name engraved on bracelet)	Middle Name					
Sex Date of Birth (Year-Month-Day) or Age Health Card Number						
M or F						
RCMP GRC 3454 eng (2006-03)						



LIVING ARRANGEMENT OF THE REGISTRANT
Alone
With Family Other
Street No. and Street Name Apt. No.
City Province Postal Code
Home Phone No. Business Phone No.
DESCRIPTION OF THE REGISTRANT
Height     Weight       Feet     Inches or CM     Lbs.     or KG.     Race       Image: Sector of the sect
Hair Colour Hair Description Eye Colour Complexion
AUB = Auburn BLD = Bald BLK = Black BRN = Brown GRY = Grey WHI = WhiteA = Curly B = Wavy C = Short D = Long E = Dyed F = Ponytail G = Brush Cut H = Toupee/Wig I = Other WHI = WhiteLeftRightA = Dark BLU = Blue BRN = Brown GRN = Green HAZ = Hazel BLK = Black BLK = Black MRN = Maroon GRY = Grey GRB = Greenish blueA = Dark B = Light/Fair C = Sallow D = Ruddy E = Freckled F = Moles G = Pimples/Pockmarked H = Other
Language(s) spoken Preferred
Walking Aid
(if yes, describe)
Hearing Aid(s)     Denture(s)       Left     Right     Glasses     Contacts     Upper     Lower

# **VISIBLE MARKS**

Example:       Mark       Amputation       Location (see "Body Location Table below)									
Mark#1 (check only one)									
Tattoo Scar       Deformity       Mark       Amputation       Location (see "Body Location Table" below)									
Description:									
Mark#2 (check only one)         Tattoo Scar       Deformity       Mark       Amputation       Location (see "Body Location Table" below)         Image: Scar       Image: Scar       Image: Scar       Image: Scar       Image: Scar       Image: Scar         Image: Scar       Image: S									
Description:									
BODY LOCATION TABLE									
100         200         300         400         500         600         700           HEAD         RIGHT ARM         LEFT ARM         FRONT TORSO         LEFT LEG         RIGHT LEG         BACK TO	RSO								
110 Forehead211 Upper311 Upper Arm410 Shoulders511 Thigh611 Thigh720 Upper									
120 Eyes Arm 313 Elbow 420 Chest 513 Knee 613 Knee Back									
130 Ears         213 Elbow         315 Forearm         430 Abdomen         515 Calf         615 Calf         730 Midd	е								
140 Nose215 Forearm320 Wrist440 Waist520 Ankle620 AnkleBack150 Model200 Model200 Model450 Model500 Fact740 Model									
150 Mouth 220 Wrist 330 Hand 450 Hips 530 Foot 630 Foot 740 Lowe	r								
160 Cheek 230 Hand 341 Thumb 460 Pelvis 541 Large Toe 641 Large Toe Back	aka								
170 Chin         241 Thumb         342 Index         461 Genitals         542 Toe         642 Toe         760 Butto           175 Jaw         242 Index         Finger         543 Toe         643 Toe         761 Recta									
175 Jaw242 IndexFinger543 Toe643 Toe761 Recta180 NeckFinger343 Middle544 Toe644 Toe	u								

# Finger 345 Little 245 Little Finger BRACELET ORDER INFORMATION

Measure wrist and check box above appropriate size for bracelet

Please allow an extra half-inch for comfor	t
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5"	5.5"	6"	6.5"	7"	7.5"	8"	8.5"	9"	9.5"	10"

Language preferred for engraving:

Finger

Finger

344 Ring

243 Middle

244 Ring

Finger

_	
Fug	lish
Ling	

French

545 Small Toe 645 Small Toe

### WANDERING HISTORY

- None Repeated
- Habitual (Over 4 times)

**Possible Locations:** Places where this person may wander to, for example: Previous addresses, previous employment, favourite stores, nearby mall, post office, etc. (please specify)

1.		
2.		
3.		

### HEALTH CONCERNS (allergies, medical conditions)

# CAREGIVERS (All correspondence will be mailed to the individual identified as the FIRST CONTACT)

Please ensure that ALL contacts are aware that the individual is registered.

FIRST CONTACT							
Name				Relationship			
Address			vince		Postal Code		
Tel. No. (Home)	Tel. No. (Business)		Cell Phone No.		Language of I	Preference	
					o Eng.	🗌 Fr.	
SECOND CONTACT							
Name				Relationship			
Address		City/Province		]	Postal Code		
Tel. No. (Home)	Tel. No. (Business)		Cell Phone No.		Language of I	Preference	
					o Eng.	🗌 Fr.	
THIRD CONTACT							
Name				Relationship			
Address		City/Province			Postal Code		
Tel. No. (Home)	Tel. No. (Business)		Cell Phone No.		Language of I	Preference	
					o Eng.	🗌 Fr.	
ACKNOWLEDGEMENT (Must be signed)							

This information is provided voluntarily on the understanding that it shall be kept confidential at all times and only released to health care personnel and law enforcement agencies if the person is found wandering or reported missing.

Acknowledged by: (Please print name)

**Relationship:** 

Signature:

Date (Y-M-D):