



ROHNERT PARK DEPARTMENT OF PUBLIC SAFETY

Safe Return

HOW IT WORKS: Individuals who are intellectually or developmentally disabled, or suffer from Alzheimer’s disease or memory loss due to injury or medication, may wander away from their home or care facility and become lost or disoriented. They may also have difficulty seeking help from others in returning to their home or care facility. This difficulty can be frustrating, embarrassing, terrifying, and in many cases, life threatening. The person’s relatives and caregivers may also experience fear and anxiety while their loved one is missing. When the Public Safety Department finds a missing person, they need a simple and reliable way to determine who the person is and where they belong. SAFE RETURN is a program endorsed by the Alzheimer’s Association, designed to provide law enforcement with vital information that can help in identifying and assisting the department. The Rohnert Park Department of Public Safety invites you to register your loved one who tends to wander and become lost. We will maintain a file and a photograph for each participant. If necessary, this data can be used to produce media information to assist in the person’s safe return. To be eligible for the program, the participant must be a Rohnert Park resident. Identification bracelets can be purchased by registering with the MedicAlert + Alzheimer’s Association Safe Return program by visiting www.medicalert.org/alz or by calling 1-800-432-5378.

PERSON BEING REGISTERED

First name _____ Last name _____ Nickname _____
Birthdate _____ Primary phone _____ Alternate phone _____
Street address (no PO boxes) _____
Driver license # _____ Race/ethnicity _____ Gender _____
Language(s) spoken _____ Skin tone Dark Medium Fair
 Glasses Contacts Wig Hearing aid Dentures Scar Mole Beard Mustache Tattoo
 Birthmark Broken bone Missing limb Describe _____
Typical clothing _____
Major medical conditions/allergies _____
Medications taken _____ Are medications missing? Yes No
Doctor name _____ Phone _____ Address _____
Dentist name _____ Phone _____ Address _____
Blood type _____ Are dental charts available? Yes No Are medical x-rays available? Yes No
Any other information you would like us to know _____

PRIMARY EMERGENCY CONTACT

First name _____ Last name _____ Primary phone _____
Alternate phone _____ Relationship to registrant _____
Street address (no PO boxes) _____

SECONDARY EMERGENCY CONTACT

First name _____ Last name _____ Primary phone _____
Alternate phone _____ Relationship to registrant _____
Street address (no PO boxes) _____

Please attach a photograph of the person being registered, or they can be photographed at Public Safety free of charge



Please keep a copy of this form for your records

Please return completed form to:



ROHNERT PARK DEPARTMENT OF PUBLIC SAFETY

500 City Center Dr, Rohnert Park CA 94928

707-584-2600

rpcity.org/city_hall/departments/public_safety/safe_return