Registration Brochure

safe return
alzheimer's association

safe return
alzheimer's association

Alzheimer's Association Safe Return™ identification products enable others to help individuals with Alzheimer's or a related dementia.

Register today
1.888.572.8566
www.alz.org/safereturn

safe return

alzheimer's association

Assistance

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

Identification

With a $40 registration in Alzheimer's Association Safe Return™, you receive the following products:

1. Engraved identification bracelet or necklace and iron-on clothing labels.

2. Caregiver checklist, key chain, lapel pin, refrigerator magnet, stickers and wallet cards.

3. For an additional $5, you'll receive caregiver jewelry.^ In an emergency, it alerts others that you provide care for a person registered in Alzheimer's Association Safe Return™.

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

Support

If a registrant is missing, Alzheimer's Association Safe Return™ can fax the person's information and photo to local law enforcement.

If a registrant is found, a citizen or law official can call the 800-number on the identification products. Safe Return can access registrant information and notify listed contacts.

The nearest Alzheimer's Association office can provide information and support.

Registration

Mail

Send your completed registration form, payment* and registrant photo** to:

Alzheimer's Association Safe Return™
P.O. Box 3687
Chicago, IL 60690-3687

Phone

To register by phone, call toll-free 1.888.572.8566 (24 hours a day, every day) with complete credit card information.

Web

Log onto www.alz.org/safereturn to register online.

To update any registration information, also call 1.888.572.8566.

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

** Write registrant's name on the back of the photo. Photo will not be returned.

◂ Reference Ruler

1"

2"

3"

4"

5"

6"

7"

8"

Bracelet measurement instructions:

Use a flexible tape measure to determine wrist size, or encircle wrist with string and measure string against the reference ruler provided.

Alzheimer's Association Safe Return™ Jewelry Styles

Style A

alzheimer's association
safe return

Style B

Safe Return

Style C

Back of Registrant Jewelry

MEMORY IMPAIRED
TO HELP JOHN, CALL
ALZHEIMER'S ASSOCIATION 1-800-572-1122
ID# SR33333

Back of Caregiver Jewelry

I AM A CAREGIVER
FOR SR33333
PLEASE HELP BY CALLING
ALZHEIMER'S ASSOCIATION 1-800-572-1122

Alzheimer's disease causes millions of Americans to lose their ability to recognize familiar places and faces. Many people cannot even remember their name or address. They may become disoriented and lost in their neighborhood or far from home.

It is common for a person with Alzheimer's disease to wander; many do repeatedly. 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.

alzheimer's association

National Office
225 N. Michigan Ave., Fl. 17
Chicago, IL 60601-7633

1.800.272.3900 **toll free**
1.312.335.8882 **TDD**

Safe Return Registration
Alzheimer's Association Safe Return™
P.O. Box 3687
Chicago, IL 60690-3687

1.888.572.8566 **toll free**
1.888.500.5759 **TDD**

Contact your Alzheimer's Association chapter nearest you.

alzheimer's association

Greater Dallas Chapter
7610 North Stemmons, Suite 600
Dallas, Texas 75247
Helpline: 214-540-2400
Office: 214-827-0062
Toll Free: 800-272-3900
Fax: 214-827-2064
www.alzdallas.org

Serving Collin, Cooke, Dallas, Denton, Ellis, Fannin, Grayson, Hunt, Kaufman, Navarro and Rockwall Counties.

PF200RZ

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.

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

Refer to **Jewelry Styles** on back panel

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 *(circle one)* Fair Medium Dark

Gender *(circle one)* 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 or 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 _____

Phone: **Home** ( ) _____

Cell No. ( ) _____ **Work** ( ) _____

Relation to Registrant _____

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

Name _____

Address _____

City _____ State _____ Zip Code _____

Phone: **Home** ( ) _____

Cell No. ( ) _____ **Work** ( ) _____

Relation to Registrant _____

Name _____

Address _____

City _____ State _____ Zip Code _____

Phone: **Home** ( ) _____

Cell No. ( ) _____ **Work** ( ) _____

Relation to Registrant _____

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

Address _____

City _____ State _____ Zip Code _____

Phone ( ) _____

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**
(measurement required if ordering bracelet)

Release

I, the undersigned, for myself and on behalf of the registrant named above, do hereby authorize the Alzheimer's 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

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

☐ Telephone Registration ☐ Mail Registration

☐ Check $ _____

☐ Visa® ☐ MasterCard® ☐ Diners Club®

☐ American Express® ☐ Discover®

_____
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 3687
Chicago, IL 60690-3687