



PROJECT SAFE AND SOUND



at risk person's registration form

A collaborative effort of the Groton Police Department and the Groton Council on Aging to protect residents with cognitive impairment that may put them at risk.

Participant's Information

Name _____ DOB _____

Address _____

Home Phone _____ Cell Phone _____

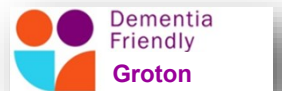
Other Known Address (if applicable) _____

Former Employment Address _____

Relevant Medical Conditions: Non-Verbal _____ Deaf _____ Blind _____ Diabetic _____

Diagnosis _____

Primary Care Physician _____ Phone _____



Caretaker's Name _____ Phone _____

Emergency Contacts:

Name _____ Phone _____

Name _____ Phone _____

Does he/she currently drive or have access to a car? Yes _____ No _____

If yes, please complete:

Vehicle Year _____ Make _____ Model _____ Color _____

License Plate and State _____ Other Info _____

Information Specific to the Individual

Favorite attractions or locations _____

Individual's favorite objects, music, discussion topics, likes, or dislikes _____

Method of preferred communication, verbal or non-verbal; preferred words, sounds, songs, or phrases they may respond to _____

Any identifying information i.e., jewelry, tags, ID card, medical alert bracelet, or similar devices _____

Signature of person filling out this form _____

Printed name and phone number _____

Your relationship to the person being registered _____ Date: _____