

Dear Friend:

Thank you for inquiring about the Wanderer's Identification Program. Please see the attached information that explains the Program currently being offered to help return your loved one to you should they wander away. I am happy to say there are no charges for this Program!

In order to sign up for the Wanderer's Identification Program, you must provide a current photo, complete the attached Application, and sign the Authorization. Once the forms are filled out, you may mail them to our office to my attention or call and schedule a time to stop by.

The whole process will take approximately 2-4 weeks. If you have any questions, please do not hesitate to give me a call at (239) 262-8388.

Sincerely,

Clarke Pollard
Program Administrator

Enc: Cover Letter
 Wanderer's Identification Program Information
 Wanderer's Identification Program Authorization
 Wanderer's Identification Program Application (3 pgs)
 Photo Info page
 Dealing with Wandering brochure

WANDERER'S IDENTIFICATION PROGRAM

INFORMATION

Numerous cases of lost persons are reported to law enforcement each year and hundreds more are believed to go unreported. Recognizing that the problem is expected to grow as our population ages, the Alzheimer's Support Network and the Collier County Sheriff's Office have partnered to bring an enhanced version of the **Wanderer's Identification Program** to Collier County for those who suffer from memory disorders and have a tendency to wander away.

The Wanderer's Identification Program requires an application be completed, a current photograph, the use of an identification bracelet or necklace, and a release signed by the caregiver (see next page).

The application information and photograph are entered into computer programs maintained by the Alzheimer's Support Network and the Collier County Sheriff's Office / 911 System. The information on the application and the photograph will only be used in the event of your loved one goes missing. This information is accessible seven days a week, 24 hours a day only to the Alzheimer's Support Network staff and members of the Sheriff's Office. The current photograph provides a visual aide to help those actively searching for the missing person.

The identification bracelet or necklace will be engraved with your loved ones name or nickname, a code number, the words "Memory Impaired" (optional), and the Collier County Sheriff's Office telephone number. In conjunction with the bracelet or necklace, a wallet sized "In an Emergency Card" containing the same information that is on the bracelet or necklace is issued to the caregiver. This card will need to be placed with your personal identification information (i.e. driver's license) in your purse or wallet being readily available to law enforcement / emergency medical personnel when necessary. This card alerts them to the fact that you are a person caring for someone with dementia which should not be left alone should you become incapacitated.

Participating in the **Wanderer's Identification Program** will enable your loved one to be easily identified and returned home. This program has helped hundreds of families in Collier County. There is no charge for this program.

WANDERER'S IDENTIFICATION PROGRAM

AUTHORIZATION

The release below gives permission for the Collier County Sheriff's Office to obtain information and disseminate the picture of the missing person for law enforcement purposes only, including showing the picture to potential witnesses.

I, the undersigned caregiver, individually and on behalf of the named person,

_____, authorize local law enforcement and cooperating not for profit organizations to use the information on the Wanderer's Identification Program application and photograph as necessary. I agree to release local law enforcement and the cooperating not for profit organizations from any and all liability for any act of omission while acting on behalf of the Wanderer's Identification Program. In addition I permit the Alzheimer's Support Network to take a digital photograph or will provide them with a photograph of the named person as part of the program. I understand that enrollment into the program will not be done until the photograph is received. I will allow the Alzheimer's Support Network to disseminate the information on the application and the photograph to law enforcement and those deemed necessary for purposes of identification and return of the wandering person. Dissemination of the person's photograph to the television networks and print news media may occur only with further expressed authorization of the undersigned caregiver, orally or in writing.

I agree that neither I nor the above individual will revoke or disaffirm the agreement at any time. I agree to indemnify, release and hold harmless the Collier County Sheriff's Office, its agents, employees, or other third parties from or against any claims, costs, liabilities, including reasonable attorney's fees which may arise from breach or alleged breach of this agreement.

I acknowledge that the information received on the application and photograph must be updated to remain relevant. Annual updates to the information and photograph will be necessary and may be completed by mail, telephone or email through the Alzheimer's Support Network and / or the Collier County Sheriff's Office.

Caregiver's Signature

Date

Distinguishing Features / Remarks:

Height: _____ Weight: _____ Race: _____ Sex: _____

Hair Color: _____ Eye Color: _____ Date of Birth: _____
(Month) (Day) (Year)

Here we are looking for *anything* that will help in the identification and safe return of your loved one

Birth Marks / Scars / Tattoos (What? Where?) _____

Glasses _____ Hearing Aide(s) _____ Walker _____ Wheel Chair _____

Oxygen _____ Hunched Posture _____ Shuffling Gait _____ Walks w/ limp _____

Diabetic _____ Dementia: Yes ___ No ___ What kind? _____

Any Potential life threatening conditions that would require immediate treatment? _____

What? _____

Could have aggressive behavior (under what circumstance?) _____

Other _____

Language

Language: English _____ other _____ (specify)

Can understand and follow directions? _____

Physician Info

1) Primary Physician: _____

Physician's Practice or Group Name: _____

Phone: _____

2) Other Physician(s): _____

Physician's Practice or Group Name : _____

Phone: _____

Caregiver(s) Information:

Caregiver's Name:

(Last) (First) (Middle)

Relationship to the Registered Person: _____

Address: (if different from patient) _____

(City) (State) (Zip + 4 digits)

Phone: _____
(Home) (Cell)

email: _____

Backup Contact:

(Last) (First) (Middle)

Relationship to the Person Registered: _____

Address: _____

(City) (State) (Zip + 4 digits)

Phone: _____
(Home) (Cell)

email: _____

Photo for Wanderer's Identification Program:

3 Ways to Get a Photo to us:

- (1) You can send us a recent photo and we will scan it and return it.
Our Mailing address is::

Alzheimer's Support Network
660 Tamiami Tr. N., Suite 21
Naples, FL 34102

- (2) You can email your photo to us at:
clarke@alzsupport.org

or

info@alzsupportnetwork.org

- (3) You can bring your loved one to our office and we will take a photo here.

If none of these options work for you, please call us at: 262-888 and we will work out another arrangement.