

ALZHEIMER'S SUPPORT NETWORK (239) 262-8388
WANDERER'S IDENTIFICATION AND SENIOR LOCATOR PROGRAM APPLICATION

I am signing my loved one up for: Wanderer's Identification Program Only
 Wanderer's Identification & Senior Locator Programs

Person to be Registered:

Name: _____
(Last) (First) (Middle)

Nickname: _____

Address: _____

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

Address is: Residence Apartment Assisted Living Facility/Nursing Home

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

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

Distinguishing Features: _____

Remarks: _____

Caregiver(s) Information:

Caregiver's Name: _____
(Last) (First) (Middle)

Relationship to the Registered Person: _____

Address: _____

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

Telephone Number: _____
(Day/Cell) (Evening)

Backup Contact: _____
(Last) (First) (Middle)

Relationship to the Person: _____

Address: _____

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

Telephone Number: _____
(Day/Cell) (Evening)

Doctor's Name: _____ Phone Number: _____

Choice: Bracelet Necklace

Say "Memory Impaired" on Bracelet or Necklace
 Omit "Memory Impaired" on Bracelet or Necklace