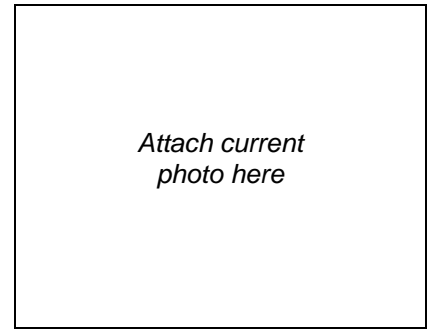




Newport Police Department Return Home Safe Program



Attach current
photo here

Information Specific to the Individual continued on next page.

Date Submitted: _____

Individual's Name _____
(First) (M.I.) (Last)

Address: _____
(Street) (City) (State) (Zip)

Date of Birth _____ Age _____ Preferred Name _____

Does the Individual live alone? _____

Individual's Physical Description: ___ Male ___ Female Height: _____ Weight: _____ Eye color: _____

Hair color: _____ Scars or other identifying Marks: _____

Relevant Medical Conditions (check all that apply):

___ Autism ___ Alzheimers ___ Blind ___ Deaf ___ Non-Verbal ___ Mental Retardation
___ Prone to Seizures ___ Cognitive Impairment ___ Other

If Other, Please explain: _____

Prescription Medications needed:

Sensory or dietary issues, if any:

Additional information First Responders may need:

EMERGENCY CONTACT INFORMATION Name of Emergency Contact:

Emergency Contact's Name:

Emergency Contact's Address: _____ (Street)

Emergency Contact's Phone Numbers: Home: _____ Work: _____

Cell Phone: _____

Name of Alternative Emergency Contact: _____ Home: _____

Work: _____ Cell Phone: _____

INFORMATION SPECIFIC TO THE INDIVIDUAL Favorite attractions or locations where the individual may be found:

Atypical behaviors or characteristics of the Individual that may attract the attention of Responders:

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

Method of Preferred Communication. (If nonverbal: Sign language, picture boards, written words, etc.):

Method of Preferred Communication II. (If verbal: preferred words, sounds, songs, phrases they may respond to):

Identification Information. (i.e. Does the individual carry or wear jewelry, tags, ID card, medical alert bracelets, etc.?):

Tracking Information. (Does the individual have a Project Lifesaver or LoJack SafetyNet Transmitter Number?):
