



LOWER PROVIDENCE TOWNSHIP POLICE DEPARTMENT

100 Parklane Drive • Eagleville, PA 19403 • www.lowerprovidence.org
Phone: 610-539-5901 • Fax: 610-630-2219



Michael Jackson, Chief of Police

PROJECT RETURN SAFELY INSTRUCTIONS

The Lower Providence Township Police Department in conjunction with the Alzheimer's Association Delaware Valley Chapter is proud to provide Project Return Safely. Project Return Safely is a voluntary police department program that assists police officers in reuniting care givers with lost or wandering loved ones suffering from Alzheimer's disease, Autism or other incapacitating conditions. The program is a free service and is a valuable tool in identifying distressed individuals quickly and effectively.

The Lower Providence Township Police Department will also provide registered caregivers with information about the Alzheimer's Association and the services they offer.

Individuals interested in enrolling in the Project Return Safely Program may simply complete the registration form and mail or deliver it to the Lower Providence Township Police Department:

Project Return Safely Coordinator
100 Parklane Dr
Eagleville, PA 19403

For additional information, please contact Sergeant Mark Stead at (610) 635-3571 or mstead@lowerprovidence.org.



This police department program is provided in association with the Alzheimer's Association Safe Return Program. For further information about the National Program, please contact the Alzheimer's Association at 800-272-9300, available 24 hours a day.



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Project Safe Return

Date Form Completed:

<p><i>Attach or Insert (Cut & Paste)</i></p> <p><i>A Recent <u>HEAD SHOT</u> Portrait / Photo Here</i></p>	<p><i>Attach or Insert (Cut & Paste)</i></p> <p><i>A Recent <u>FULL BODY</u> Picture / Photo Here</i></p>
Date of Photo: <input style="width: 90%;" type="text"/>	Date of Photo: <input style="width: 90%;" type="text"/>

CHILD'S / RESIDENT'S VITAL STATISTICS

Full Name:

Nickname (if any): Primary Diagnosis:

Street Address (Apt./Unit if applicable):

City / State / Zip Code:

Date of Birth: Sex (M/F): Race (White/Black/Hispanic/Asian):

Height: Weight: Hair Color: Eye Color:

Complexion:

Distinguishable Marks (Scars, Birthmarks, etc.):

ID / Medical Alert Jewelry, etc.:



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EMERGENCY CONTACT INFORMATION

Primary Caregiver Name:							
Address:							
Home Phone:		Work Phone:		Cell Phone:			
Secondary Caregiver Name:							
Address:							
Home Phone:		Work Phone:		Cell Phone:			
School Name:			School Phone:				
Doctor's Name:			Doctor's Phone:				

MEDICAL / SPECIAL INFORMATION

Blood Type:		Allergies:					
Other Medical Conditions:							
Medications:							

Check One: <input type="radio"/>	Verbal:	<input type="checkbox"/>	Partially Verbal:	<input type="checkbox"/>	Non-Verbal:	<input type="checkbox"/>	
Language Spoken or Understood:							
Method of Communication if Partially or Non-Verbal (Sign-Language, Picture Board, Written Words, etc.):							

Vision Impairment:	None:	<input type="checkbox"/>	Partial:	<input type="checkbox"/>	Full Impairment:	<input type="checkbox"/>	Glasses (Yes/No):	<input type="checkbox"/>
Hearing Impairment:	None:	<input type="checkbox"/>	Partial:	<input type="checkbox"/>	Full impairment:	<input type="checkbox"/>	Hearing Aids (Yes/No):	<input type="checkbox"/>

Distinctive Behaviors (Actions, Movements, etc.):
Fears (Animals, Sounds, Flashing Lights, etc.):
Favorite Places, Attractions, etc.:
Words or Actions to Avoid:
Helpful Hints to Aid in Approaching: