



HARVARD POLICE DEPARTMENT

DEMENTIA/COGNITIVE ISSUES ALERT



This is a cooperative effort of the Harvard Police Department and the Harvard Council on Aging to assist caregivers of individuals with dementia or cognitive issues. The data provided is to be used to assist in the investigation of a person who is reported missing.

Return Completed form to:

**Harvard Police Department
40 Ayer Road
Harvard, MA 01451
ATTN: Tforbes@harvard-ma.gov**

**Attach recent photo here
Head and Shoulder
If possible**

INFORMATION

Name_____ D.O.B._____

Race_____ Height_____ Weight_____

Eyes_____ Hair_____

Identifying Marks_____

Tattoo's, scars, prosthesis_____ Right Handed **CIRCLE** Left Handed

Does the individual attend a day care program? YES **CIRCLE** No

If yes, where?_____

Individual's Physician_____ Physician's Phone_____

Medications_____ Known Allergies_____

Any additional physical problems? _____

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| <p>HARVARD POLICE DEPARTMENT</p> <p><i>DEMENTIA/COGNITIVE ISSUES ALERT</i></p> |
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Does the individual drive? YES ***CIRCLE*** NO Have access to a car? YES ***CIRCLE*** NO

If yes, Plate# _____ State _____ Make _____

Model _____ Year _____ Color _____

Does the individual carry identification? YES ***CIRCLE*** NO If yes, what? _____

Does the individual have any particular habits? _____

Is the individual physically aggressive? YES ***CIRCLE*** NO

Other helpful information _____

Hobbies and/or favorite locations _____

If reported missing before, where have they been found? _____

CAREGIVER INFORMATION

Individual lives with _____

Relationship to individual _____ Phone _____

Address _____

Contact 2 _____

Relationship to individual _____ Phone _____

Address _____

Contact 3 _____

Relationship to individual _____ Phone _____

Address _____

RELEASE FORM

I, _____ , give my permission for the Harvard Police Department to retain this information, to be kept confidentially on file for the purposes of identification and assistance relative to DEMENTIA/COGNITIVE ISSUES ALERT efforts and related investigative activities.

Signature _____

Date _____