

Please bring this completed Enrollment Form to the New Milford Police Department



## New Milford Police Department

930 River Road  
New Milford, NJ 07646  
P. 201-261-1400 ext. 1  
F. 201-967-7460



## SafelyBackHome Enrollment Forms

Thank you for taking the initiative to be a part of New Milford's SafelyBackHome program.

**Safely Back Home™** is an innovative program that provides additional peace of mind to families and caregivers of people who wander. The **Safely Back Home™** patent-pending process uses ID information imprinted on personal garments to help the public assist an individual who has become lost.

**Safely Back Home™** custom imprints your loved one's clothing with emergency contact information. If your family member wanders, the custom imprint enables the public to help your family member get safely back home.

When an individual who wanders and appears lost is wearing a **Safely Back Home™** imprinted garment, the person who finds them can quickly contact NMPD with location details.

**Safely Back Home™** custom imprinted garments provide additional safety for your family member. You will know that they have SPECIFIC contact information with them which can easily be seen by rescuers.

**Safely Back Home™** will custom imprint **6 (Six)** new or used personal clothing items per applicant for **FREE**. Imprints include emergency information to assist in the rescue. Any additional imprints will cost \$ 12.00 per shirt / garment.

### Applicant Information

The enrollment application should be filled out by the family member/caregiver (the Authorized Representative) on behalf of the individual (the Applicant) who will be enrolled in the **New Milford PD / SafelyBackHome** program. Providing this detailed information in advance of any need ensures an efficient and speedy response by Emergency Services personnel. Please be as thorough and complete as possible.

This enrollment application is being utilized for both Adult and Juvenile enrollees so some questions will not apply to your situation just leave them blank.

**\*\*\* Please provide a current PHOTO of APPLICANT with application \*\*\***

**In order to make the enrollment process simple, please fill out the attached forms and return in person to the New Milford Police Desk.**

Upon receipt and review of the enrollment application an ID number specific only to the applicant will be issued and their pedigree information with that ID number specific to the applicant will be entered into the CAD (Computer Aided Dispatch) system.

This application is divided into **Three** sections:

- a. The **first** section requires information about you, the Authorized Representative.
- b. The **second** section is for additional emergency contact information, should you not be available or if we are unable to get in touch with you, only an authorized person(s) listed on the enrollment form will be contacted.
- c. The **third** and last section of the application is where you will provide in-depth information about the individual being enrolled, the Applicant. All sections are to be filled out by you, the Authorized Representative.

APPLICANT'S New Milford Police Dept-SBH ID# \_\_\_\_\_

**THIS NUMBER WILL BE PROVIDED TO AUTHORIZED REPRESENTATIVES FROM SAFELY BACK HOME TO BE USED AND PLACED ON SUPPLIED OR PURCHASED GARMENTS/ATTIRE TO ASSIST APPLICANT IN BEING RETURNED TO THEIR FAMILIES. Application information can be emailed to any LAW ENFORCEMENT AGENCY to assist in getting your family member safely back home.**

Applicant's Name: \_\_\_\_\_ M  F

Adult  Juvenile

**Section 1: Authorized Representative Information (PRIMARY CONTACT)**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_ - \_\_\_\_\_ Other Phone ( ) \_\_\_\_\_ - \_\_\_\_\_

Name of Employer \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_ - \_\_\_\_\_

Email Address \_\_\_\_\_ @ \_\_\_\_\_

**Section 2: Secondary Emergency Contact Information**

If an emergency arises and we are unable to reach the authorized representative, we will contact the individual(s) you designate below. Please provide contact information for two additional people that the Applicant may contact.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_ - \_\_\_\_\_ Other Phone ( ) \_\_\_\_\_ - \_\_\_\_\_

Name of Employer \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_ - \_\_\_\_\_

Email Address \_\_\_\_\_ @ \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_ - \_\_\_\_\_ Other Phone ( ) \_\_\_\_\_ - \_\_\_\_\_

Name of Employer \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_ - \_\_\_\_\_

Email Address \_\_\_\_\_ @ \_\_\_\_\_

### Section 3: Applicants Information - Personal Data:

Nickname(s): \_\_\_\_\_

Home address: \_\_\_\_\_ FL. / Apt \_\_\_\_\_

Home phone: ( ) \_\_\_\_\_ - \_\_\_\_\_ Cell: ( ) \_\_\_\_\_ - \_\_\_\_\_ - Years living at address: \_\_\_\_\_

Previous Address: \_\_\_\_\_

Where was Applicant born? \_\_\_\_\_

Date of birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ - Current Age: \_\_\_\_ Sex:  Male  Female Race: \_\_\_\_\_

Most recent place of work/ occupation: \_\_\_\_\_

Name of Spouse: \_\_\_\_\_  Living  Deceased

Does the Applicant understand English?  Yes  No If NO, what language is understood? \_\_\_\_\_

Spoken word only  Written and spoken  Sign Language

### Physical Description:

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Build: \_\_\_\_\_ Hair color: \_\_\_\_\_

Hair style: \_\_\_\_\_ Complexion: \_\_\_\_\_ Facial hair: \_\_\_\_\_

Eye color: \_\_\_\_\_ False teeth:  Yes  No Facial Features:  Round  Square  Oval  Other

Distinguishing marks/scars/tattoos: \_\_\_\_\_

## Medical Diagnosis

Applicant's specific diagnosis? \_\_\_\_\_  
\_\_\_\_\_

When was this diagnosed? \_\_\_\_\_

Does the Applicant wear glasses?  Yes  No      Contacts?  Yes  No      Sunglasses?  Yes  No

If the Applicant wears corrective eye wear, what degree of vision does he/she have without the eyewear?

None     Poor     Fair

Does the Applicant wear a hearing aid?  Yes  No      If yes,     Left Ear  Right Ear

What type of hearing does he/she have without the hearing aid?  None     Poor     Fair

Does APPLICANT have any ALLERGIES to medication / food?  Yes  No

Please list Medication, Food or other Allergies: \_\_\_\_\_  
\_\_\_\_\_

## Health/Mental Health/Behavioral Information

Physician's Name: \_\_\_\_\_ Physician's phone #: \_\_\_\_\_

Physician's Address: \_\_\_\_\_

Health, medical or related physical handicap issues? \_\_\_\_\_  
\_\_\_\_\_

Medications taken regularly: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Mental Health problems: Yes  No  Nature: \_\_\_\_\_  
\_\_\_\_\_

Does the Applicant remain oriented to time and person? Yes  No

Explain: \_\_\_\_\_

Does Applicant have decreased knowledge of current events or tend to re-live events in his/her life? Yes  No

Explain: \_\_\_\_\_

Does the Applicant know his/her name? Yes  No  Will applicant respond if called by his/her name? Yes  No

Is the Applicant a DANGER to himself/herself or others?  Yes  No

Would the Applicant attempt to or have the ability to communicate if lost or hurt? Yes  No

How would he/she do this? \_\_\_\_\_

How would you rate the Applicant's overall ability to communicate?  Poor  Fair  Good  Excellent

What name does the Applicant call the family member or friend with whom they have the closest emotional attachment?

Name: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_

Does Applicant recognize familiar persons and faces? Yes  No

Does Applicant sometimes dress himself/herself improperly? Yes  No

Does the Applicant have a fear of  people  pets / animals  noises  shouting  anything else?

Explain: \_\_\_\_\_

Do you have any suggestions for approaching Applicant and/or de-escalation techniques to help APPLICANT remain calm while being

assisted? \_\_\_\_\_

How will the Applicant react if approached by a uniformed officer? \_\_\_\_\_

Can the Applicant travel on his/her own to familiar or favorite locations? Yes  No

List places of Interest: \_\_\_\_\_

## Personality/Habits

When outside, would the Applicant mostly stay on paths or roadways?  Yes  No

Would the Applicant wander to parks or go into wooded area?  Yes  No - Time of Day  Daytime  Nighttime

Both

Is the Applicant attracted/drawn to bodies of water (swimming pools, ponds, etc)?  Yes  No

Please provide the names and addresses of people the Applicant may head toward:

1. \_\_\_\_\_

2. \_\_\_\_\_

Other items applicant would carry that provides comfort or may have a sentimental value (Example: a toy, teddy bear, blanket or other object that provides comfort to them).

Explain: \_\_\_\_\_

Description of any jewelry/watch worn: \_\_\_\_\_

Does applicant use a Cane / Walker:  Yes  No

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Are there any locations that have a special or significant attraction to the Applicant? Yes  No

Please list most recent locations: \_\_\_\_\_

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If there were any prior instances of wandering, where was the Applicant found? :

Location: \_\_\_\_\_

Military Experience?  Yes  No Branch of Service? \_\_\_\_\_

Hobbies/interests: \_\_\_\_\_

General Demeanor:  Outgoing  Quiet / Talks to strangers:  Yes  No

Has the Applicant ever been in trouble with the Law?  Yes  No

For what? \_\_\_\_\_

Religious? Yes  No  Faith: \_\_\_\_\_ Attends Regularly?  Yes  No