Safely Back Home™ Enrollment Forms

Thank you for taking the initiative to be a part of New Milford’s Safely Back Home™ 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 / Safely Back Home™ 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)**

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<tr>
<th>Name</th>
<th>Relationship</th>
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<tr>
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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.

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Address: _________________________________________________________________

Home Phone (  ) ______-____________ Cell Phone (  ) ______-____________ Other Phone (  ) ______-____________

Name of Employer___________________________________________________ Work Phone (     ) ______-__________________

Email Address____________________________________________@__________________________________________________

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Section 3: Applicants Information - Personal Data:

Nickname(s): ________________________________________________________________

Home address: __________________________________________________________________ FL. / Apt ___________

Home phone: (______) _______ - ___________  Cell: (______) _______ - ___________  Year 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

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

Please list most recent locations: _____________________________________________________________

_____________________________________________________________________________________

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