

Safely Back Home™ in cooperation with the Rutherford Police Department, will be providing Free professional imprinting of YOUR emergency contact information onto three items of clothing usually worn by your family member.

All clothing items can be imprinted (new or existing): shirts, sweatshirts, jackets, pants, shorts, pajamas, backpacks, etc.

Rutherford PD Assigned ID# _____

Note: Please include one completed order form with each garment



www.safelybackhome.org



Add Phrase Yes ___ No ___ "If I appear lost, please call ___"

Where on the garment to imprint: Please check choice:

___ on the upper right sleeve (standard)

___ on the upper left sleeve

___ on the backside (describe where) _____

___ on the front (describe where) _____

___ other (describe where) _____

Email address _____

Name _____

Phone number _____

Address _____

If your family is enrolled in Project Lifesaver, we will need your:

Authorized Project Lifesaver Agency Emergency Contact Phone Number (24hr) _____

AND your Project Lifesaver ID# _____

Note: Please include one completed form with each garment

**Drop Off and Pick Up:
Rutherford Police Headquarters
184 Park Avenue
Rutherford, NJ 07070**



Rutherford Police Department

184 Park Avenue, Rutherford, NJ 07070

Phone: 201-939-6000



SafelyBackHome Enrollment Forms

Thank you for taking the initiative to be a part of Rutherford'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 New Milford PD 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™ custom imprints new or used personal clothing. Imprints include emergency information to assist in the rescue.

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 **Rutherford 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 Rutherford Police Desk or submissions can be scanned and emailed to: Rutherford Police Dept.

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.

[Type here]

APPLICANT'S

Rutherford PD - 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 _____ @ _____

[Type here]

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: _____

[Type here]

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: _____

[Type here]

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