



BEREA POLICE DEPARTMENT

Help Me Home Program

Name of your loved one: _____

Do they use a nickname? YES NO If yes, what is it? _____

Date of birth: _____

What is their address? _____

Do they have a cell phone? YES NO If yes, what is the number? _____

Physical Description of the Registered Person

Gender M F	Height	Weight
Eye Color	Race	Hair Color
Facial Hair	Balding YES NO	Wears A Wig YES NO
Glasses YES NO	Hearing Aid YES NO	Uses Cane YES NO
Languages Spoken	Tattoos, Moles, Scars or Other Identifying Physical Characteristics	

Level of Cognitive Impairment: MILD MEDIUM SEVERE

Does the person have access to a vehicle? If so, provide license plate and vehicle description:

Has the person wandered before? If so, where did they go? _____

Is the registered person verbal or non-verbal? Explain: _____

Does the registered person fear police or fire-EMS personnel or emergency vehicles? Explain: _____

If your loved one becomes physically or verbally combative, how can our officers calm them?

Does your loved one have any triggers? (for example: lights, sirens, loud and radio noise) _____

Is there anything outside their residence that the person is drawn to? For example, the park, trains, water, woods or shopping malls, etc.?

Are they confused about the current day and time? _____

List contact information for significant caretakers or others that may help in locating your loved one:

Name	Phone	Relationship
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