



## **FULLERTON RETURN HOME REGISTRY**

Are you concerned a loved one or a friend may have a tendency to leave his or her surroundings without anyone's knowledge?

The Fullerton Police Department's Return Home Registry is an innovative program designed to assist officers in locating lost or wandering persons when they go missing from their home or caregivers. Since these can be critical times, the program assists in getting vital information to law enforcement personnel to assist in locating your loved ones sooner.

This voluntary program is offered at no cost to participants. The caregivers who wish to voluntarily register persons who may suffer from certain illnesses. These are illnesses such as Alzheimer's, Autism, Cerebral Palsy, Down syndrome or other debilitating illness or children with special needs.

 The goal of this registry is simply to reunite families as soon as possible. Time is critical in these incidents. Help us help you and your loved ones.

Police Officers frequently respond to calls from citizens with requests for assistance in locating loved ones. This searchable database will provide police officers with the vital information they need to locate and return your family members.

- The Return Home Registry will be used in two ways:
- 1. A loved one or caregiver can notify the police department when they realize that their loved one is gone and information will already be on-hand and patrol officers will have the details to better locate and return the individual home.
- 2. If an officer or other police department personnel observes an individual that appears to be lost or confused, they will have tools on hand to quickly identify the individual and take them home.

The Return Home Registry is compliant with the Health Insurance Portability and Accountability Act of 1996, and does not collect or disseminate medical information.

This program does not guarantee the safe return of your loved one, however, it will provide officers with additional resources to locate your loved ones and help them **return home**.

For more information, please call (714) 738-6838 or email ebridges@fullertonpd.org



RETURN HOME REGISTRATION FORM
DATE COMPLETED:

## PLEASE INCLUDE PICTURE WITH APPLICATION.

REGISTERED PERSON	Please	complete the fo	llowing information
Last Name:	First Name:		MI:
Date of Birth:	Driver License#		State:
Gender: M F Race: H	eight: Weight: _	Hair:	Eyes:
Glasses: Y N Hearing Aid: Y	N Language Sp	ooken:	
Locations Frequented:			
Scars:			
Tattoos:			
Identifying Marks:			
Does Registrant Drive: Y N			
Vehicle Info: License Plate:			
ADDRESSES			
Facility or Residence (Circle One)			
Home:	City:	State:	_ Zip:
Alternate:	City:	State:	_Zip:
Home Phone:	Cell:		
PRIMARY CONTACT PERSON			
Name:	Relationshi	p:	<del> </del>
Address:	City:	State:	Zip:
Home Phone:	Work:	Cell:	

ame:	Relationship:			
ddress:	City:	State:	Zip:	
ome Phone:	Work:	Cell: _	· · · · · · · · · · · · · · · · · · ·	
NOTES (MEDICAL	. INFORMATION / ADDI	TION INFORMATION/	COMMENTS)	
A photo of the reg	istrant is required. A hard o or emailed to <u>ebridges@</u>	copy can be provided with	າ application	
For qu	estions or further information		t	
		,		
BOTTOM PORTIO	N TO BE COMPLETED	BY FULLERTON PD	PERSONNEL	
	Received On:			
Entered Into Reg	stry On:	By:		