



Bring Our Loved One Home

Citizen Wandering Registration Form:

Date: _____

NAME commonly used: _____

Full name: _____

Date of Birth: _____ Age: _____

Home Address: _____

Contact Person: _____

Relationship: _____

Contact Phone: Home _____ Cell _____

Contact Person Address: _____

Height _____ Weight _____ Hair Color _____ Eye Color _____

Health Issue: Alzheimer's Dementia Autism Other

If "other" explain:

Wandering behaviors or habits (directions of travel):

Favorite attractions or locations where person may be found, if missing:

Like/Dislikes (include approach, touch, and de-escalation techniques):



Identification worn (jewelry/medic alert, clothing tags, ID card, tracking monitor):

Method of communication, if non-verbal (sign language, pictures, written word):

Any further information that may be pertinent if contact is made with this person (if adding to a specific question please indicate which question you are providing further information for):

By signing below I, _____ give permission to the Delhi Police Department to release any and all pertinent information related to the care or well-being of _____ to the Hamilton County Communications Center. I realize this information may be released to other agencies via the communications center such as the Fire Department and Emergency Medical Services.

Signature (Parent/Guardian/Spouse completing form)

Date:

Mail or drop off completed form to:
Delhi Township Police Department
Attn: Col. Jim Howarth
934 Neeb Road
Cincinnati, Ohio 45233

-----DEPARTMENT USE ONLY-----

HCCC notified by: _____ Date: _____

Entered into RMS by: _____ Date: _____