

## Milton Police Silver Alert Program

The Silver Alert Program provides support to family members caring for adults afflicted with serious memory impairments such as Dementia and Alzheimer's disease who are "At Risk" for wandering. The Silver Alert Program provides the Milton Police Department with vital information about potential "At Risk" residents in the Town who may wander, or have the potential for getting lost. This program takes a proactive approach toward protecting some of Milton's most vulnerable citizens who suffer from serious cognitive impairments.

The Silver Alert Program is a partnership between the Milton Police Department and the Milton Council on Aging.

To participate in the Silver Alert program please complete the registration form and provide a current photo of the registrant. This personal and medical information will be entered into a confidential database at the Milton Police Department and will be utilized in a recovery plan should the need arise. Having this key data will reduce police response time, and in turn, may save lives.

Registration forms are available at the Milton Police Station, Milton Council on Aging or online at [www.townofmilton.org/police](http://www.townofmilton.org/police) or [www.townofmilton.org/coa](http://www.townofmilton.org/coa) . Please return the completed form and photo to either the Milton Police Department at 40 Highland St. Milton, Ma. 02186 or the Milton Council on Aging at 10 Walnut St. Milton, Ma. 02186. Please write attention to Officer Patty Mandeville.

If you have any questions please contact Milton Police Elder Affairs Officer Patty Mandeville at 617-698-3800.

**If there is a LOST or MISSING person, please call 911**

**Massachusetts Silver Alert  
WANDER PRE-REGISTRATION FORM**

Please attach current photo of individual being registered.

**RESIDENT INFORMATION**

Patient's Last Name:		First:		Preferred name:
Home Address: _____				
Former Address: _____			Dates resided @ address: _____	
Other known address if applicable: _____				
Home Telephone: _____		Does resident live alone: <input type="radio"/> YES <input type="radio"/> NO		
Date of Birth:	Age:	Gender:		
Emergency contact # 1 Primary Caregiver	Relation: _____		Home phone no.:	Cell phone no.:
Name: _____				
Emergency contact # 2	Relation: _____		Home phone no.:	Cell phone no.:
Name: _____				
Primary Care Physician, Name & Telephone Number: _____				

Race: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Hair Style: \_\_\_\_\_ Facial Hair: \_\_\_\_\_

Other significant identifying marks (scars, tattoos, etc.) \_\_\_\_\_

Relevant Medical Conditions:  Cognitive Impairment /  Non-Verbal /  Deaf /  Blind /  Diabetic

Does he/she currently drive (or have access to vehicle)?  Yes  No If yes is checked, please complete next line.

Year & Make/Model of Vehicle: \_\_\_\_\_ Vehicle Color: \_\_\_\_\_ Vehicle Registration Number: \_\_\_\_\_

**INFORMATION SPECIFIC TO THE INDIVIDUAL**

Places of Employment & Dates: \_\_\_\_\_

Favorite attractions or locations: \_\_\_\_\_

Atypical Behaviors/characteristics that may catch the attention of responders: \_\_\_\_\_

Individuals favorite objects, music, discussion topics likes or dislikes: \_\_\_\_\_

Method of preferred communication, verbal or non-verbal ( preferred words, sounds songs, phrases they may respond to): \_\_\_\_\_

Any other identifying information (jewelry, tags, ID card, medical alert bracelet, etc.): \_\_\_\_\_

**AUTHORIZATION**

Verbal authorization given by caregiver \_\_\_\_\_, on \_\_\_\_\_

I authorize the release of information for the purpose of pre-registering \_\_\_\_\_ to the Silver Alert database and acknowledge they will keep this information in the Massachusetts database.

**A COLLABORATIVE EFFORT OF THE MASSACHUSETTES POLICE DEPARTMENTS & COMMUNITY AGENCIES TO PROTECT RESIDENTS WITH SERIOUS COGNITIVE IMPAIRMENT**