

**JAMESTOWN POLICE DEPARTMENT  
ALZHEIMER'S/DEMENTIA ALERT APPLICATION**

**Instructions: Complete this application, affix a recent photograph, and return to the Jamestown Police Department.**

Case #: \_\_\_\_\_

Client Name: \_\_\_\_\_

Client Address: \_\_\_\_\_

Client Telephone: \_\_\_\_\_ Client DOB \_\_\_\_\_

Client Weight: \_\_\_\_\_ Client Height: \_\_\_\_\_

Eyes: \_\_\_\_\_ Hair: \_\_\_\_\_ Glasses: \_\_\_\_\_

Identifying Scars/Deformities: \_\_\_\_\_

Does client operate a motor vehicle?: \_\_\_\_\_

If yes, registration of vehicle: \_\_\_\_\_

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**Client Habits**

Does client wander?: Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, in any particular direction or place? \_\_\_\_\_

\_\_\_\_\_

Can client understand simple directions? Yes \_\_\_\_\_ No \_\_\_\_\_

Is client verbally or physically aggressive? Yes \_\_\_\_\_ No \_\_\_\_\_

Explain? \_\_\_\_\_

\_\_\_\_\_

**Affix a recent photograph of client:(Head and shoulders is best)**

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**Primary Caregiver:** \_\_\_\_\_

**Caregiver Address:** \_\_\_\_\_

**Caregiver Telephone:** \_\_\_\_\_

**Relationship to client:** \_\_\_\_\_

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**Family contact:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

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**Client Physician:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_