

"Serving with pride and integrity"



Scott W. Carline
Chief of Police

MASHPEE POLICE DEPARTMENT
19 Frank Hicks Drive
Mashpee, Massachusetts 02649

Emergency • Dial 911
Police Priority • (508) 477-1212
Patrol Services • (508) 539-1480
Detectives • (508) 539-1484
Records • (508) 539-1488
Administration • (508) 539-1486
Fax • (508) 539-1412
www.mashpeepd.com

Return form to: Victim/Witness Advocate, Mashpee Police Department

Alzheimer's/Endangered Persons Registration

Resident Information

Name _____

Address _____

Home Phone _____ Cell Phone _____

Other Known Address (if applicable) _____

Former Employment Address _____

SS# _____ Date of Birth _____

Relevant Medical Conditions: Non-Verbal ____ Deaf ____ Blind ____ Diabetic ____

Diagnosis _____

Primary Care Physician _____ Phone _____

Caretaker's Name _____

Address _____

Home Phone _____ Cell Phone _____

Emergency Contacts:

Name _____ Home Phone _____ Cell Phone _____

Name _____ Home Phone _____ Cell Phone _____

Does he/she current drive (or have access to a vehicle)? Yes ____ No ____

If yes, please complete:

Vehicle Year _____ Make _____ Model _____ Color _____

License Plate and State _____ Other Info _____

Vehicle Year _____ Make _____ Model _____ Color _____

License Plate and State _____ Other Info _____

Information Specific to the Individual

Favorite Attractions or Locations _____

Individual's 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, Lojac Safety Net, or similar devices:

Signature of person filling out this form and relationship to the person being registered:

Date: _____

Please attach most current photo of individual being registered. Thank you.