

« LET'S GET YOU HOME »
Program



NEARLY 60% OF PEOPLE WITH
COGNITIVE LOSS WILL HAVE AN
EPISODE OF WANDERING, OFTEN
UNEXPECTEDLY

It is important to take the proper precautions
for them to remain active and safe.

info@alzheimerestrie.com

THE « LET'S GET YOU HOME » PROGRAM
WHAT IS IT?

The purpose of this program is to collect information in advance that will be useful to police officers in assisting a person living with a neurocognitive disorder. By authorizing the transmission of the information sheet describing the person (reverse side) to the police, you allow them:

- To respond more quickly and effectively to missing persons cases
- To provide assistance in a manner adapted to the needs of the person concerned

WHO IS THIS PROGRAM FOR?

For people living with difficulties (even slight) affecting memory/spatial orientation caused by cognitive problems.
Useful for those:

- Who are worried about not finding their way home when they go out on foot or by car
- Whose entourage is worried
- Who have already gotten lost

HOW TO REGISTER?

2 options for you to register:

1. Fill out the electronic information sheet on the alzheimerestrie.com website
2. Fill out the back of this pamphlet, attach 1 photo and send it to the Société Alzheimer de l'Estrie

WHO CAN FILL OUT THE SHEET?

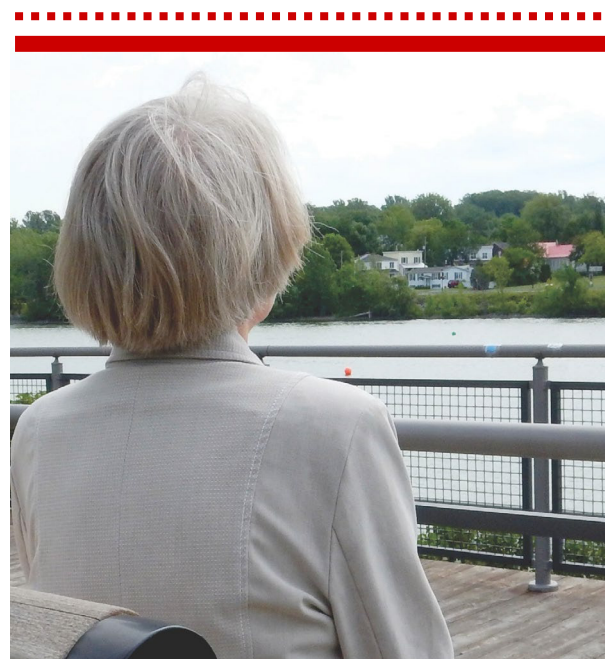
The persons in question or whoever has been authorized by them (if the person has a legal representative, the representative must sign the sheet)

REDUCE THE RISK OF A WANDERING EPISODE

To manage the risk while letting the person maintain an active and connected social life, preventive strategies that are adapted to the needs, abilities and values of each person can include:

- Planning accompanied outings
- Informing people around, neighbors and merchants and soliciting their help to form a safety net
- Making sure that another person is aware of any outings where the person is not accompanied
- Organizing the living environment to prevent the person from going out alone unexpectedly (ex.: Door alarm, keys that may cause them to want to go out put away out of sight)

BECAUSE EVERY MINUTE COUNTS...



PROCEDURE TO FOLLOW WHEN
SOMEONE GOES MISSING

- Make sure the person with cognitive loss is nowhere in the house
- If you cannot find them anywhere, **call 911 immediately**. The police are there to help you and they are trained to intervene with people with cognitive loss
- Stay in your house, do not attempt to search for the person as they may return during your absence
- Have a recent photo of the missing person on hand and a copy of the information sheet

HOW TO REACT WHEN THE PERSON
IS BACK HOME

Above all, remain calm. Do not scold them or try to reason with them. Confrontation is futile and will only make the person feel more anxious.

YOU WOULD LIKE...

- More information about the risk of wandering
- Support
- Help to register for the program

Do not hesitate to contact us

Société Alzheimer de l'Estrie
740, Galt Street West, suite 112,
Sherbrooke, Quebec J1H 1Z3
(819) 821-5127
info@alzheimerestrie.com
alzheimerestrie.com

INFORMATION SHEET

Fill out and mail to:



Electronic version available at the following address: alzheimerestrie.com

Société Alzheimer de l'Estrie

740, Galt Street West, suite 112, Sherbrooke, Quebec J1H 1Z3

819 821-5127 | info@alzheimerestrie.com | alzheimerestrie.com

IDENTIFICATION OF PERSON WITH COGNITIVE LOSS

Last name, first name : Name/Nickname that the person prefers to be called :

Date of birth : First language : Spoken language(s) :

Uses a cell phone. Number :

Person's current address

Street : City and postal code:

Lives with: 1. Name : Relationship : 2. Name : Relationship :

Lives alone Lives in a residence (Name of residence):

CONTACT PERSONS

First contact (or legal representative if applicable) – Last name, first name:

Relationship to the person: Address :

Home phone : Cell. : Email :

Second contact (or legal representative if applicable) – Last name, first name:

Relationship to the person : Phone (emergency):

PHYSICAL DESCRIPTION AND STATE OF HEALTH

Sex : female male Height : Weight: Lbs Kg

Eye color : Hair color : Details hair/facial hair :

Skin color/complexion : Specific features (ex.: scars, tattoos...):

COGNITIVE AND PHYSICAL CAPABILITIES

	Normal	Affected	Impaired	Specify if needed
Eyesight				<input type="radio"/> Wears glasses
Hearing				<input type="radio"/> Wears a hearing aid
Remembering				
Speaking				
Finding one's way				Distance : _____ with : <input type="radio"/> cane <input type="radio"/> walker
Walking				<input type="radio"/> Wheelchair <input type="radio"/> Mobility scooter

Related disease(s) or specifications about above :

Necessary medication/for which disease :

Has the person ever been reported as missing? no yes → Where was the person found?

Person's favorite places (current and past):

Person's former place of residence:

Former job or workplace:

Hobbies or passions (current and past):

Usual method of transportation:

Best ways to reassure/calm the person (ex.: Talking about a particular person or interest; holding the person's hand, offering them something to drink, etc.):

Other important information:

AUTHORISATIONS

CONSENT FOR INFORMATION GATHERING – I have filled out this form and certify that I am:

- The registered person
- Another person than the registered person. In this case, I certify that I am authorized to register the person in question to the program under one of the conditions listed below:
 - The person in question consented to their registration and has the capacity to give consent
 - I have the legal authority to take such action

CONSENT TO THE COLLECTION AND COMMUNICATION OF PERSONAL INFORMATION

By sending my file to the Société Alzheimer de l'Estrie, I agree that the Society may contact me and forward my file to the police department in my municipality. Certain information may also be shared with all police services in Quebec via the Centre de renseignements policiers du Québec. The information provided will be kept there and may be used to assist me and to intervene with me in case of disappearance, wandering or any other situation justifying the intervention of the police to ensure my safety.

- I have attached a recent photo of the person registered to the sending of this form.
- authorize the release of the registrant's photo to the media in the event of a disappearance.

Last name, first name (please print): Signature :

Home phone: Cell: Email: Signed on:

Make a copy of this sheet
To keep handy if needed

