



The Groton Center
 Groton Council on Aging
The Center That Builds Community



PROJECT SAFE AND SOUND

Registration Form

A collaborative effort of the Groton Police Department, Groton Fire Department and the Groton Council on Aging to protect residents of any age with cognitive impairment that may put them at risk.

Please include a current photo.

Participant's Information

Name _____ DOB _____

Address _____

Home Phone _____ Cell Phone _____

Current or Former Employment Address _____

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

Diagnosis _____

Primary Care Physician _____ Phone _____

Caregiver Name _____ Phone _____

Emergency Contacts:

Name _____ Phone _____

Name _____ Phone _____

Does he/she currently drive or have access to a car? Yes _____ No _____

If yes, please complete:

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, or phrases they may respond to _____

Any identifying information i.e., jewelry, tags, ID card, medical alert bracelet, or similar devices _____

Signature of person filling out this form _____

Printed name and phone number _____

Your relationship to the person being registered _____ Date: _____