



Newport Police Department

120 Broadway
Newport, RI 02840
Telephone: 401-847-1306



Return Home Safe Program

The Newport Police Department has developed the **Return Home Safe Program**. This program will assist in the safe and timely return of individuals who may wander and require police assistance to locate. Individuals at high risk for wandering include: children or adults with Autism, Alzheimer's disease, dementia, Down Syndrome, and other various developmental disabilities.

The **Return Home Safe Program** will consist of a registry of these at-risk individuals, which will give officers quick and easy access to photos and pertinent information from their cruiser, therefore, assisting in locating your loved one if they should become lost or missing.

It is important to include key information on the **Return Home Safe Program** registration. Please include the individual's name, address, telephone number, current photo, mode of communication, key phrases to help reduce trauma, emergency contact information, and any other pertinent information.

The police department can take a digital, head shot photo, or you can bring a photo of the registrant. **Please ensure the photograph is a clear head shot.**

The Newport Police Department's most important responsibilities are serving and protecting our citizens. If you have any questions or comments regarding the **Return Home Safe Program**, please contact Detective Jason Head at (401-845-5756) or email jhead@cityofnewport.com.



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Return Home Safe Program



Date Submitted: _____

Individual's Name: _____
(First) (Middle) (Last)

Address: _____
(Street) (City) (State) (Zip)

Date of Birth: _____ Age: _____ Preferred Name: _____

Does the individual live alone? _____ Gender: Male _____ Female _____

Hair Color: _____ Height: _____ Eye Color: _____ Scars or identifying marks: _____

Relevant Medical Conditions (Check all that apply): Autism _____ Alzheimers _____ Blind _____ Deaf _____ Non-Verbal _____
Prone to Seizures _____ Cognitive Impairment _____ Other _____

If Other, Explain: _____

Prescription Medications: _____

Sensory or Dietary Issues, If Any: _____

Additional Information For First Responders: _____

Emergency Contact Information:

Name: _____ Telephone: _____
(Cellphone) (Home) (Work)

Address: _____

Alternative Contact Info: Name: _____ Telephone: _____

Address: _____

Information Specific To The Individual:

Favorite attractions or locations where the individual may be found: _____

Individuals favorite toys, objects, music, discussion topics, likes or dislikes:

Preferred Method of Communication (If nonverbal, Sign language, picture boards, written words, etc.):

Preferred Method of Communication II (If verbal, preferred words, sounds, songs, phrases, etc.):

Tracking Information (Does the individual have a Project Life or LoJack SafetyNet Transmitter Number?):

