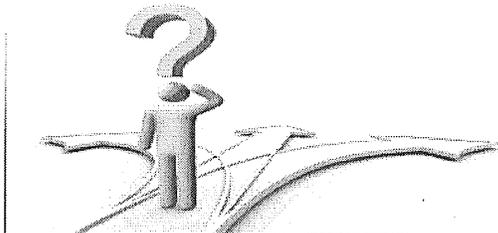


Windsor Heights Police Department

LOVED ONES SAFE AND TOGETHER (L.O.S.T.) PROGRAM



The Des Moines Police Department, in collaboration with the Alzheimer's Association, Greater Iowa Chapter, is proud to announce the creation of a new law enforcement program aimed at helping reunite individuals suffering from Alzheimer's (or any other medical condition which affects memory) who becomes separated from their families. The program is called L.O.S.T. which stands for Loved Ones Safe and Together.

So often individuals who suffer from Alzheimer's or another medical condition which involves memory loss or confusion will wander away from their home and police officers are called to assist in locating them. In addition, officers occasionally come across individuals who are lost but for whatever reason, have not been reported as such. The L.O.S.T. program consists of a computer database that is stored at the Police Department. It contains information about the person such as name, address, physical description, birth date, ect. It also contains information about the potential activities of the person, where they may be heading or where they have been found before when lost and what symptoms they may exhibit when located by the police officer. The database contains provisions for a photograph of the individual which can be sent directly to searching officers via in-car computer systems or the media, should they be notified to assist in finding the person. The database can be upgraded as new information or changes occur with the person.

There is no cost to participate in this program. For further information or to enroll in the L.O.S.T. program simply contact the Des Moines Police Department Detective Bureau at 515-283-4864. An information form will be sent to you along with a stamped envelope for its return to the Police Department. In addition to the completed information form, we ask that you include a recent photograph of your loved one. If you do not have a photograph, arrangements will be made for an officer to come to your home to take a photograph for the database.

The L.O.S.T. Program is an innovative way to assist police in locating and identifying persons affected by medical conditions which could result in them becoming lost. We encourage you to participate in this pro-active program for the sake of your loved ones.

Residents of Windsor Heights can contact the Windsor Heights Police Department for a form or information on this program. Please contact Tammy Breese 277-4453.



**Des Moines Police Department
Loved Ones Safe and Together (L.O.S.T.) Program
Information Form**

The information you provide will assist the Des Moines Police Department in identifying citizens who have the potential of becoming lost or disoriented due to a medical condition. The information will be kept confidential in accordance with Chapter 22.7, paragraph 18, subsection A and B until law enforcement deems it necessary to release the information.

Patient Information

Last Name: _____ First Name: _____ Middle: _____

Address: _____ City: _____ State: _____

Birth Date: _____ M: _____ F: _____ Race: _____ Nickname: _____

Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____

Additional Identifiers (glasses, scars, marks, tattoos, piercing, etc.): _____

Vehicle Used by Patient (if applicable):

Plate Number: _____ Year: _____ Make: _____ Color: _____ Body: _____

Medical Conditions of Patient: _____

Does the Patient Have - Alzheimer's? _____ Related Dementia? _____

Severe Mental Handicap? _____ Other Memory Loss Conditions? _____

Habits (places they may go, people they may contact, where they were found in the past, etc.): _____

What Symptoms May a Police Officer Expect To See In the Patient? _____

Is the Patient Enrolled in Medical Alert and Safe Return? Yes: _____ No: _____

If So, What is the Identification Number? _____

What Types Of Jewelry Will the Patient Be Wearing?

Identification Necklace? _____ Identification Bracelet? _____

(Continued on Back)

(You may use a separate sheet of paper for any additional information if needed.)

Would You Like To Have a Police Officer Visit With You In Person About the Program?

Yes: _____ No: _____

(Please send a photograph of the patient. If one is not available an officer will take one for you. All photographs become the property of the Des Moines Police Department.)

Would You Like To Have An Officer Photograph the Patient for the File?

Yes: _____ No: _____

Contact Person Information

Last Name: _____ First Name: _____

Address: _____ City: _____ State: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Relationship to Patient: _____

Second Contact Person Information

Last Name: _____ First Name: _____

Address: _____ City: _____ State: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Relationship to Patient: _____

Name of Person Requesting Application: _____

Signature of Requesting Person: _____ Date: _____

(Signature is required for participation in the program)

For Office Use Only

Date of Entry: _____ Employee Making Entry: _____

Ident No. of Employee: _____

Date of Revision: _____