The Sugar Land Police Department's

Safe Return Program

◯ New Application ◯ Renewal ◯ Update

Instructions:

Please fill out the application completely - information requested is required by law to issue an alert.

Please include a recent picture of the applicant - picture should be large and clear without a busy background.

Please provide medical documentation of mental impairment - documentation is required by law in order to issue alert.

1. **Applicant's Information -** Please provide the following information on the person participating in the program.

Last Name	First Name	Middle Name

Nickname or Alias	Date of Birth	License/ID Number

Social Security Number	Home Phone	Cell Phone

Address (must be a Sugar Land resident)	Race	Skin Tone

Gender	Height	Weight	Hair	Eyes	Facial Hair	Glasses
						◯ Yes ◯ No

List/Describe any scars, marks, tattoos, amputations, prosthetics, deformations in the spaces provided.

Physical Characteristic	Location	Description

List favorite attractions or locations where the individual may be found in the space provided.

List favorite toys, topics of discussion, likes or dislikes.

Method of preferred communication (verbal, sign language, written words, songs, phrases s/he may respond to).

I.D./Medical Alert jewelry, GPS/Tracking Devices. If GPS is worn, provide manufacturer and transmitter number.

Public safety hazard information. If applicant may become combative if restrained, confronted, etc., provide information below.

Provide any other information about the individual that may be helpful.

2. **Medical Information -** Provide the following medical information including the name of the condition causing mental impairment.

Primary Care Physician	Phone Number	After Hours Number

Physician documentation of mental impairment attached? ◯ Yes ◯ No **Notice: Documentation required to issue alert.**

All Medical Conditions (including diagnosis of mental impairment)	

Prescribed Medications	

Drug/Other Allergies	

3. **Vehicle Information -** Please provide information for any vehicle the applicant has access to, regardless of current driving status.

Year	Color	Make	Model	License Plate

Distinguishing marks, stickers, body damage:

Year	Color	Make	Model	License Plate

Distinguishing marks, stickers, body damage:

4. **Emergency Contact Information -** Please provide the following information for other primary caregivers and emergency contacts.

Last Name	First Name		Cell Phone
Home Phone	Address		
City	State	Zip Code	Alternate Contact Number

Last Name	First Name		Cell Phone
Home Phone	Address		
City	State	Zip Code	Alternate Contact Number

Last Name	First Name		Cell Phone
Home Phone	Address		
City	State	Zip Code	Alternate Contact Number

5.	**Signature Page**

I give the City of Sugar Land, the Sugar Land Police Department and its representatives permission to disseminate information included in this application, and/or acquired through the investigation of a missing person, as deemed necessary to locate the applicant in the event s/he is reported missing or endangered in any way that requires law enforcement assistance.

I understand that personal information may be disseminated to other public safety agencies, media outlets, volunteer organizations and the general public and do not hold the City of Sugar Land, the Sugar Land Police Department or its representatives liable for any misuse of personal information.

Signature

Print Name

Date

E-mail Address

**********FOR OFFICE USE ONLY - DO NOT WRITE BELOW THIS LINE**********

Received By	Date Received	Time Received

	Initial		Initial
Applicant name record created?		Emergency contact name record created?	
Alert added to applicant name record?		Emailed IT support to add address to GIS map?	
Premise alert added to applicant address?		Emailed beat officer?	
Packet scanned into applicant name record?		Name record entries/scans/etc verified by?	