



**DEPARTMENT OF POLICE
195 FRENCH STREET
WATERTOWN, CT 06795
860-945-5200 F:860-945-2642**



WATER-OAK WANDERER (W.O.W.) PROGRAM

Dear Resident:

The Watertown Police Department is pleased to offer the Water-Oak Wanderer (W.O.W.) Program dedicated to safeguarding residents of all ages who are prone to wandering due to:

- Alzheimer's Disease
- Dementia
- Autism
- Other Conditions

By registering for this program, you may reduce the amount of time expended to locate a relative or friend. The information you provide on the W.O.W registration form will assist law enforcement officials in locating a person who has left home and may not have the cognitive skills to return on his/her own or the verbal skills to give an address. Registering your family member or friend also alerts law enforcement officials to potential triggers and ways to calm the individual.

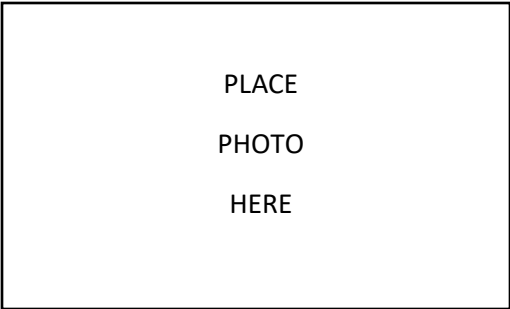
If you would like to register a family member or friend for the Watertown Police Department's W.O.W program, please fill out the registration form included with this letter and return it to the Watertown Police Department in person or by mail.

In the event that the person you have registered in this program is missing, dial 911 to report it. Tell the dispatcher that the missing person is registered in the W.O.W. program.

Registration Form

Please return this form by person of mail to:

**Watertown Police Department, 195 French Street, Watertown, CT 06795
860-945-5200**



PLEASE PRINT OR TYPE

Name (First, Middle Initial, Last): _____

Address: _____

Phone (Home): _____ (Cell): _____

Date of Birth (Month/Day/Year): _____

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

Other Distinguishing Features: _____

Health Condition: Alzheimer's/Dementia _____ Autism _____ Diabetes: _____ Other
(Describe): _____

Medications and Frequency of Dosage (use back of form if needed): _____

Physician Name: _____ Phone: _____

Emergency Contact Person: _____

Relationship: _____

Phone (Home): _____ (Cell): _____

Address: _____

Email: _____

Case Worker, Caregiver or Agency Providing Care: _____

Phone: _____

Email: _____

Known Triggers: _____

Known Calmers: _____

Name/Nickname registrant will acknowledge when being approached: _____

Signature of person submitting form: _____

Relationship to person being registered in the program: _____

Phone (Home): _____ (Cell): _____

Date: _____

I agree to hold harmless, indemnify and release the Town of Watertown and its employees and agents for any claims that might result from its reasonable actions under this program.

For Official Town of Watertown Use Only

Initials: _____

Date Received: _____