



Watertown Police Department

195 French St. Watertown, CT 06795

Phone: (860) 945-5200

Fax: (860) 945-4847

Joshua N. Bernegger
Chief of Police

Renee Dominguez
Deputy Chief



WATER-OAK WANDERER (WOW) PROGRAM

Dear Resident:

The Watertown Police Department is pleased to offer the Watertown-Oak Wanderer (WOW) program dedicated to safeguarding residents of all ages who are prone to wandering due to:

- Alzheimer's disease
- Dementia
- Other conditions

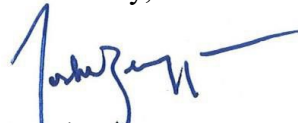
By registering for this program, you may reduce the amount of time expended to locate a relative or friend. The information you provide on the WOW Registration Form will assist law enforcement officials in locating a person who has left home and may not have the cognitive skills to return on his/her 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 WOW program, please either:

- Print out and complete the registration form included with this letter and return it to the Watertown Police Department in person or by mail or;
- The registration form is a PDF “fillable” file with the option to digitally fill in the information of the person you wish to register with program. Digitally completed or scans of completed forms can be emailed to records@watertownctpd.org or printed out and returned as mentioned previously.

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 WOW program.

Sincerely,



Joshua N. Bernegger
Chief of Police

The Watertown Police Department is a state accredited law enforcement agency with thirty-eight sworn officers, serving a community of 22,500, within approximately thirty square miles. The Watertown Police Department is a participating member of Water-Oak Crimestoppers – Tel. 860-945-9940

Water-Oak Wanderer (WOW) Program

Registration Form

Please submit via button below or return this form in person or by mail to:
Watertown Police Department, 195 French Street, Watertown, CT 06795
860-945-5200

PLEASE PRINT

Name (First, Middle Initial, Last):

Address:

Phone: (Home)

(Cell)

Cell Phone Service Provider:

Date of Birth: (Month)

(Day)

(Year)

Height:

Weight:

Eye Color:

Hair color:

Other Distinguishing Features:

Health Condition: Alzheimer's/Dementia:

Diabetes:

Other:

Insert/Attach Picture in Box Above

Other Health Conditions: (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:

Form submitted by: (Please Print)

Signature of person submitting form:

Relationship to person being registered in the program:

Phone: (Home)

(Cell)

*For Official Town of Watertown
Use Only:*

Initials:

Date Received: