

Iowa City Police Department
Loved Ones Safe and Together (L.O.S.T.) Program
Information Form



The information you provide will assist the Iowa City 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: _____ "P kempco g-aaaaaaaaaaaaaaaaaaaaa"

Address: _____ City: _____ State: _____ "\ k'Eqf g-aaaaaaa"Dk vj 'F cyg-aaaaaaa

M: _____ F: _____ Race: _____ Height: _____ "Y gki j vaaaaaaa J ckEqmqt-aaaaaaa G{g Eqmqt-aaaaaaa

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

Vehicle Informations (if applicable): Plate # _____ Year _____ Make _____ Model _____ Color _____ Body _____

Medical Conditions of Patient: _____

Method of Communication: Verbal? _____ Non-Verbal? _____ Notes: _____

Does the Person Have: _____

Alzheimers? _____ Related Dementia? _____ Autism? _____ Cognitive Disability? _____ Other Memory Loss Condition? _____

Level Of Support Needed: _____

Characteristics:

Sensory Issues: Yes No Details: _____

Touch: Yes No Details: _____

Sounds: Yes No Details: _____

Bright Lights: Yes No Details: _____

Processing Delays: Yes No Details: _____

Eye Contact: Good Fair Poor Details: _____

Stimming Behavior: Describe: _____

Fears: Describe: _____

Dislikes/Triggers: Describe: _____

Favorite Objects/Topics/Foods: _____

Pre-Critical Episode Signs: _____

Critical Episode Behavior: _____

Calming Strategies For Episodes: _____

Violence or Prior Contact with Police: _____

Alcohol/Drug Issues: Yes No

Weapons In The Home: Yes (if answered Yes, please see below) No

Are Weapons Properly Secured: Yes No Details: _____

Wandering:

Prior Wandering Incident: Yes No Details: _____

Where Has This Person Been Located Previously? _____

What Is The Closest Water Area To Residence? _____

Please List All Lakes, Ponds, Streams, Ditches and Drainage Areas Nearby: _____

Please List Favorite Hiding Area At Home: _____

Please List Any Favorite Places In The Neighborhood/Community: _____

Please List Any Place of Employment The Person May Go To : _____

Will This Person Respond To Thier Name Being Called? Yes No Sometimes

Please List any Symptoms Or Behaviors An Officer May Expect To See From This Person:

Is The Person Enrolled In Medical Alert And Safe Return? Yes No Identification Number: _____

What Type Of Medical Alrt Jewelry Will The Person Be Wearing? ID Necklace ID Bracelet

Would you like to have a Police Officer visit with you in person about this program? Yes No

(Please provide a photograph of the person, if one is not available a Police Officer will take one for you.
All photographs become the property of the Iowa City Police Department)

Would you like to have a Police Officer photograph the Person for their file? Yes No

Caretaker Information

Last Name: _____ First Name: _____

Address: _____ City: _____ State: _____ ZipCode: _____

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

Email Address: _____

Relationship to Patient: _____

Second Caretaker Information

Last Name: _____ First Name: _____

Address: _____ City: _____ State: _____ ZipCode: _____

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

Email Address: _____

Relationship to Patient: _____

(Additional names can be added on separate sheet)

In the event of a missing person's report the Iowa City Police Department is authorized and will release the victim's name, age, basic physical descriptors, last known location, last known clothing, and image.

Name of Person Requesting Application: _____

Signature of Requesting Person _____ Date: _____

(Please present the form in person, with photo I.D. to the Iowa City Police Department, all forms must be signed.)
