Salem Police Department

9 Veterans Memorial Pkwy
Salem, New Hampshire 03079
Phone: 603-893-1911 Fax: 603-685-6475

Just In Case Program

The *Just In Case Program* is a comprehensive town-wide registry of patients diagnosed with Alzheimer's disease and other dementia-related disorders. As its name might suggest, *the Just In Case Program* functions as an emergency tool in the event that an individual wanders and becomes lost or disoriented. Salem Police officials may then refer to the *Just In Case* database for easy identification in order to provide a quick and safe return of that individual.

The program consists of a digital photo of the individual along with personal information (name, date of birth, address) along with emergency contact information and any important medical information. This information will be kept in the Salem Police database and remain confidential.

The Salem Police Department will accept registrations from residents of the towns of **Windham, Atkinson, Hampstead and Salem.**

Family, friends, and caregivers interested in registering someone in the *Just in Case* database with the Salem Police Department may do so by contacting Officer Scott Naismith at snaismith@salemnh.gov or at (603)893-1911 ext.3131.

Officer Scott Naismith

Elderly Affairs Officer

Salem Police Department

9 Veterans Memorial Parkway

Salem, NH 03079

(603)893-1911

E-mail: snaismith@salemnh.gov

Just In Case Program

Last Name: _____ First: _____ Middle: _____

Nickname(s): _____

Street Address: _____

Town: _____ County: _____

State: _____ Zip Code: _____

Telephone Number: _____

Date of Birth: _____ Age: _____

Race: _____ Gender: _____

Height: _____ Weight: _____

Hair Color: _____ Eye Color: _____

Scars/marks/tattoos: _____

Language(s) Spoken: _____

Continued next page

Applicant's Name: _____

Medical:

Physician's Name: _____

Physician's Telephone Number: _____

Medical Condition(s): _____

Emergency Contact (Primary):

Name: _____

Address:_____

Home Phone: _____Work/Cell: _____

Relationship to Applicant: _____

Any Additional Information/ Additional Emergency Contacts: