



Town of Westford
POLICE DEPARTMENT
53 Main Street
Westford, MA 01886

Cognitive Alert Registration

The Cognitive Alert Registration form is the result of collaboration between the Westford Police Department and the Westford Council on Aging in an effort to help ensure the safety of residents who suffer from serious cognitive impairments. The information provided will help to improve the Police response to calls for service involving a person with serious cognitive impairment such as Alzheimer's, dementia, autism or other severe cognitive impairment.

The Cognitive Alert Registration is an effort to incorporate and implement the Massachusetts Silver Alert Community Response System on a local level. The Massachusetts Silver Alert Law outlines a set of procedures and communications protocols among state and local public safety and human service agencies in order to identify people with dementia who have wandered or become lost and return them safely to their homes.

Any family that is directly affected by Alzheimer's, dementia or autism should consider registering a Cognitive Alert Form. Very few families expect a family member to go missing until it happens for the first time. Collecting this confidential information before an incident occurs enables the police department to begin search procedures immediately, as collection of data after the person has already gone missing can delay an effective search for an hour or more, increasing the chances that the wanderer will be in danger.

The program involves working with people who have a family member with a serious cognitive impairment in order to collect information and a recent photograph. The information provided will help to identify and locate the individual and to alert the police of the cognitive impairment. There is no age requirement to be entered into this program. Residents who have a loved one with a serious cognitive impairment are encouraged to contact Detective Nirisa Nicoletti at 978-399-2978 or the Westford Police Department at 978-399-2345 for more information.

TOWN OF WESTFORD POLICE DEPARTMENT COGNITIVE ALERT REGISTRATION

A COLLABORATION BETWEEN THE WESTFORD POLICE DEPARTMENT AND THE WESTFORD
COUNCIL ON AGING TO HELP ENSURE THE SAFETY OF RESIDENTS WITH SERIOUS COGNITIVE IMPAIRMENTS.

For Additional Information go to:

<https://www.westfordma.gov/304/Police-Department> or call Westford Public Safety Department at 978-399-2345.

NAME _____ D.O.B. _____ PLACE OF BIRTH _____
LAST FIRST MIDDLE MM/ DD/ YYYY STATE

ADDRESS _____
STREET CITY/TOWN STATE ZIP CODE

PRIMARY TELEPHONE# (_____) _____ SECONDARY TELEPHONE#(_____) _____

DRIVERS LICENSE # _____ STATE _____ SOC. SEC.# (optional) _____ - _____ - _____

IDENTIFYING TRAITS:

GENDER M F HEIGHT _____ WEIGHT _____ BUILD _____ RACE _____ SKIN _____

HAIR COLOR _____ HAIR STYLE _____ FACIAL HAIR _____
CREW, LONG BEARD, ETC.

EYE COLOR _____ EYE GLASSES YES NO EYE GLASS STYLE _____ CONTACT LENS YES NO

SCARS/MARKS/TATTOOS _____ JEWELRY _____

MENTAL/PHYSICAL/EMOTIONAL PROBLEMS (EXPLAIN) _____

TAKING ANY MEDICATION(S) YES NO (EXPLAIN) _____

POSSIBLE DESTINATION(S) OR PLACES FREQUENTED _____

HAS PERSON EVER BEEN MISSING BEFORE YES NO WHEN & HOW LONG? _____

SENSORY IMPAIRMENT (deaf, blind, non-verbal?) _____

BEHAVIORAL CONCERNS (aggressive, emotional, etc) _____

OTHER USEFUL INFORMATION _____

VEHICLE INFORMATION: YEAR _____ MAKE _____ MODEL _____

COLOR _____ STYLE _____ REGISTRATION# _____ STATE _____

RESPONSIBLE PARTY INFORMATION:

NAME _____ RELATIONSHIP TO APPLICANT _____
LAST FIRST

PRIMARY TELEPHONE# (_____) _____ SECONDARY TELEPHONE#(_____) _____

EMAIL _____

ADDRESS _____
STREET CITY/TOWN STATE ZIP CODE

SIGNATURE OF RESPONSIBLE PARTY _____ DATE _____

Submit completed registration form and recent photo in person or mail to:

Westford Police Department, Attn: Detective Nicoletti, 53 Main St. Westford MA 01886

DATE / RECEIVED: _____ RECEIVED BY: _____