

**SANTA MONICA POLICE DEPARTMENT
TIMOTHY JACKMAN, CHIEF OF POLICE**

SENIOR ADULT IDENTIFICATION REGISTRY

The Santa Monica Police Department is pleased to offer the community a helpful service to give greater peace of mind to our city's senior citizens, their families, and caregivers.

From time to time, our officers are called upon to assist a lost senior citizen or dependent adult. Often, these individuals are disoriented and unable to remember their names or where they live. They sometimes experience a long wait while the officers attempt to identify and return them to where they belong.

The Senior Adult Identification Registry program was created to provide Santa Monica Police Officers access to a database to perform searches for characteristics that match those of the lost person. If registered, the person can quickly be identified, saving time, and allowing for a prompt return of the person to the safety and comfort of their home, or to their caregiver.

Information contained in the registry is strictly confidential and for the exclusive use of the Santa Monica Police Department.

The Senior Adult Identification Registry is an entirely voluntary program.

To register a senior or dependent adult, please complete and mail the attached Registry Information form to the Santa Monica Police Department.

Please include a current photograph which will be returned after it is scanned into the registry. If one is unavailable, or for additional information, please contact Ana Montalvo, the program coordinator, at (310) 458-8774 or via e-mail at: ana.montalvo@smgov.net

Mail to: Santa Monica Police Department, Attention: Ana Montalvo, 333 Olympic Drive, Santa Monica, California 90401

SENIOR ADULT IDENTIFICATION REGISTRY INFORMATION

Last Name First Name Middle Name Telephone Number

Street Address City State Zip Code

Physician Name & Address Physician's Telephone Number

Date of Birth Male Female Gender _____ Race _____

Height Weight Hair Color Eye Color

Yes No
Glasses Complexion Language(s) Spoken _____

Allergies

Pertinent Medical Information / Condition(s)

Special Aid Equipment

Comments

Emergency Contact Information

Next of Kin

Relationship

Address

Telephone Number(s)

Residential Information (if living at a care center)

Residence Name

Residence Administrator

Address

Telephone Number