Upper Dublin Township Police Department

520 Virginia Drive
Fort Washington, Pennsylvania 19034-1697
Voice: 215-646-2101 Fax: 215-628-8976
www.UpperDublin.net

Project Safe Return

The Upper Dublin Police Department offers a program called “Project Safe Return”. This program is geared towards our elderly, memory-impaired, and neurodiverse community members. The goal of Project Safe Return is to offer our community members and their families the ability to enroll their loved ones with our department in the event of contact with law enforcement.

To enroll, the community member and/or family members will need to complete a Project Safe Return form to the Police Department. The form will allow law enforcement officers to have immediate access to personal background information during an emergency. This information will help our officers make informed decisions on how to peacefully intervene to avoid those actions that will likely trigger fear, anxiety, or even a violent response.

If you have any questions about this program or would like further details, please call our non-emergency line at 215-646-2101 or email at udpd@udpd.us.

Project Safe Return

For Elderly, Memory-Impaired & Neurodiverse Community Members

Full Name:						**Date:**	
Preferred Name:							
Street Address:							
City/State/Zip:							
Date of Birth:		**Sex:**		**Race:**		**Complexion:**	
Height:		**Weight:**		**Hair Color:**		**Eye Color:**	
55 and Older and / or Medical Condition?	☐ 55<	☐ Medical Condition	☐ Both				
Primary Medical Diagnosis:							
Distinguishable Marks (Scars, Birthmarks, etc.):							
ID / Medical Alert Jewelry, etc.:							

Emergency Contact Information

Primary Caregiver's Name:					
Address:					
Home Phone:		**Work Phone:**		**Cell Phone:**	
Secondary Caregiver's Name:					
Address:					
Home Phone:		**Work Phone:**		**Cell Phone:**	
School Name:			**School Phone:**		
Doctor Name:			**Doctor Phone:**		

Medical / Special Information

Spoken Language:	☐ Verbal	☐ Partially-Verbal	☐ Non-Verbal	**Spoken Language:**		
Method of Communication (if Partially or Non-Verbal):						
Blood Type (if known):			**Allergies:**			
Medical Condition(s):						
Medications:						
Visual Impairments:	☐ None	☐ Partial	☐ Full Impairment	**Glasses:**	☐ Yes	☐ No
Hearing Impairments:	☐ None	☐ Partial	☐ Full Impairment	**Hearing Aids:**	☐ Yes	☐ No
Distinctive Behaviors (Actions Movements):						
Fears (Animals, Sounds, Flashing Lights):						
Favorite Places or Attractions:						
Words or Actions to Avoid:						
Helpful Hint to Aid in Approaching:						

Attach or Insert (Cut & Paste) *A Recent <u>HEAD SHOT</u> Portrait / Photo Here*	*Attach or Insert (Cut & Paste)* *A Recent <u>FULL BODY</u> Picture / Photo Here*
Date of Photo:	**Date of Photo:**

Form Submitted By:		**Date:**	
Relationship to Registrant (or write "SELF"):			
If not "SELF", do you have POA for the homeowner?			
Homeowner or Form Registrant Signature:			