



Calhoun County Consolidated Dispatch Authority

Serving Our Community One Call at a Time

Help Home - Help getting your loved one with dementia back home quickly and safely.

Dear Caregiver: We are asking that you take a few minutes to complete the information below so that we can place emergency contact information in our database for cases of an emergency where we would need to reach someone associated to the below named individual. When completed, you may drop the form off at the CCCDA administrative offices located on the first floor of the county building located at 315 W Green St. in Marshall or download interactive pdf form online and submit electronically. If you have any questions or need assistance with the form you may call (269) 781-9701. NOTE: completion of this form constitutes permission for the information to be added to the Help Home database.

Name of patient/resident: _____ DOB: ____/____/____
 Nickname / Also responds to: _____ Race: _____
 Height: _____ Weight: _____ Hair color: _____ Eye color: _____ Glasses: Yes / No _____
 Current Address (street, city/township): _____
 Previous Address (street, city/township): _____
 Previous Address (street, city/township): _____
 Family Vehicle / License Plate: _____
 Home Phone No.: _____ Is the home alarmed? Yes / No _____
 Do you have a hidden key for the premises? Yes / No _____ Location: _____

Emergency Contact Information:

1. Name: _____
 Relationship: _____
 Address: _____
 Home Phone #: _____
 Cell Phone #: _____

2. Name: _____
 Relationship: _____
 Address: _____
 Home Phone #: _____
 Cell Phone #: _____

Please list any additional details on the patient you feel will be helpful in the event first responder assistance is needed (including any distinguishing **marks** or **medical needs**).

Stage of Dementia (check one): **EARLY** **MID** **LATE**

If available, please include a recent photo. This information will expire in two years after the date of submission.

Today's Date: _____

Additional Information for the Help Home Program:

Blood Type: _____

1. Doctor: _____
 Address: _____
 Phone #: _____

2. Doctor: _____
 Address: _____
 Phone #: _____

Medication(s)	Dosage	Frequency

Allergies

Other Vital Info

OFFICE USE | Bracelet ID Number: _____ | Bracelet PIN Number: _____



The Help Home Program is provided in collaboration with Miles for Memories.

Calhoun County Consolidated Dispatch Authority
315 West Green Street • Marshall • MI • 49068 • (269) 781-0911

SUBMIT FORM