



# Littleton Police Department

500 Great Road • Littleton, Massachusetts 01460-1222 • 978-540-2300

**Matthew J. Pinard**  
*Chief of Police*

**Jeffrey M. Patterson**  
*Deputy Police Chief*

## New Program: “Littleton Safe Return”

Alzheimer’s disease and related dementias are memory disorders that affects an estimated 130,000 people in Massachusetts. As the Town of Littleton works to become more Age Friendly and Dementia Friendly we are implementing new programs to support our residents. The “Littleton Safe Return” program is a new interdepartmental initiative to create a safer community for our most vulnerable residents.

This program includes a form that a family member with a loved one who may wander from home completes so that if that person goes missing, the responding officers have information on where the person may go and the best places to look *immediately*. Any person who may be at risk to wander is welcome in the program (examples: TBI, Developmental Disabilities, etc.) The information is only used when the Police are called upon to respond to the missing person and includes a photo of the person.

The Town of Littleton is committed to providing our residents with the highest quality services. By filling out this form, you will provide first responders with critical information that will allow us to effectively and quickly provide services to individuals with Dementia, as well as their caregivers. We ask that the information is updated annually or whenever important changes need to be noted.

### How to Participate:

Littleton Safe Return forms may be picked up at the Police Station or Elder and Human Services Dept in the Town Hall. The form can also be found on our website: [www.littletonma.org/police-department](http://www.littletonma.org/police-department)

Completed forms and photos can be emailed to Officer Ilyas Abu at [iabu@littletonpd.com](mailto:iabu@littletonpd.com)

## WE THANK YOU



Littleton Elder & Human Services  
978-540-2470



Littleton Fire Department  
978-540-2302



Littleton Building / Land Use / Health  
978-540-2420



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## Littleton Safe Return Program Information form (please print legibly)

First name

Last name

Date of Birth

Home address

Height

Weight

Hair color

Eye color

Home phone

Cell phone

Other names they may answer to

Places / areas of interest to this person: (where they grew up, park/ playground, favorite store)

Items/ Interests that will comfort them in crisis: \_\_\_\_\_

Do they have a GPS device or wander bracelet? ☐ YES ☐ NO

Primary Caretaker: \_\_\_\_\_ Contact number: \_\_\_\_\_

Alternate Caretaker: \_\_\_\_\_ Contact number: \_\_\_\_\_

Additional information that may assist law enforcement personnel in locating this resident if he/ she should become lost is listed below: \_\_\_\_\_

I, \_\_\_\_\_, give permission to the **Town of Littleton** to retain this information to be kept on file for the purposes of identification and the assistance relative to identification of the resident and for use of this information if locating said person is needed. I understand this information should be updated annually and I will notify the Littleton Police Dept if there is a change to the housing location of this person.

Signature

Date

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