



**STATE OF CONNECTICUT  
DEPARTMENT OF EMERGENCY SERVICES AND PUBLIC PROTECTION  
DIVISION OF STATE POLICE**



**Bring Me Back Home Registry Enrollment Form**

**Basic Information:**

First Name	Middle Name	Last Name	Suffix
Preferred Name / Name to call me	Date of Birth	Phone Number	
Address			
City	State	Zip	

**Physical Description:**

Race			
Sex		Gender Identity	
Height Ft	Inches		Weight
Eye color		Hair Color	
Distinguishing Features / Commonly Worn Items			

**Diagnosis/Disability:**

Check all that apply

ADHD	Alzheimers/Dementia
Autism/Aspergers	Blind/Low Vision
Brain Injury	Cerebral Palsy
Deaf/Low Hearing	Diabetic
Down Syndrome	Epilepsy/Seizures
Huntington Disease	Intellectual Disability
Mental Illness	Other Brain Illness
Other Developmental Disability	Other Mental Disability
Physical Disability	Motor Tics
Vocal Tics	High Pain Tolerance

**Additional Diagnosis Information:**

Medication Endangered? Yes    No

**Medications and Medical Information:**

List of important medications that the person takes as well as any other relevant medical information.

**Special Information:**

Home Type:

Lives with Spouse/Family/Relatives	Lives Alone
Lives with roommate(s)	Adult Residential Facility
Assisted Living	Elder Residential Facility
Foster Family	Group Home
Intermediate Care Facility	Skilled Nursing Facility
State Developmental Center	Other
Unknown	

Wander Tendency? Yes    No

**Past Wander Incidents**

**Places They May Go:**

Former home addresses, places of employment, relative homes, parks etc.

### Communication Method(s):

Check all that apply

Verbal	Nonverbal
Non-Communicative	Assisted Communication Device
Picture Communication System	Language Other than English
Hearing Difficulty	Sign Language ASL
Speech Difficulty	Can Read or Write
Repeats Questions	Only Responds "YES" or "NO" to Questions

### Spoken Languages:

List any languages that they may speak including their dominant language

### Approach Suggestions:

Describe the safest way to approach them (Ex. Approach from the front using their preferred name, calm voice, keep a certain distance, approach slowly, etc)

### Ways to Connect:

Describe the best ways to connect with them (Ex. Using their preferred name, names and relationships of friends and family members, favorite sports teams, foods, hobbies, music, etc.)

### Notable Behaviors:

Check all that apply

Affectionate	None
Anxiety	Combatitive
Disrobes or Prefers Nudity	Fear of Dogs
Prefers Hugs	Light Sensitive
Noise Sensitive	Paranoid
Repeats Phrases	Run Tendency
Self Stimulation Behavior	Sensitive to Stimulation
Stranger Unresponsive	Touch Sensitive
Water Attracted	Dislikes Eye Contact
Dislikes Being Wet or Dirty	Dislikes Interacting with Strangers
Dislikes Certain Clothing or Shoes	Speaks Loudly
Self-Injury	Running if Chased
Vocal Stimming	Makes High Pitched Noises
Disregards or has No Sense of Danger	Sensory Seeking
Sensitive to Crowds	

**Other Behaviors:**

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**Calming Methods:**

The Use of Calm and Quiet Voice	Noise Cancelling Headphones
Providing Time Alone	Specific Food Items

**Additional Calming Methods/Information:**

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**Vehicle Information:**

Year	Make	Model
Color		
Distinguishing Marks (damage, dents, stickers, etc)		
VIN		
License Plate #	License Plate State	

**Other Forms of Transportation**

Bike, Moped, Rideshare (Uber/Lyft), Bus, Train

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**Additional Helpful Information:**

Any additional information not captured by the fields above

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**Emergency Contact:**

Full Name		Relationship
Address		
City	State	Zip code
Primary Phone	Secondary Phone	
Email		

**Secondary Contact:**

Full Name		Relationship
Address		
City	State	Zip code
Primary Phone	Secondary Phone	
Email		

**Legal Consent:**

I consent to the release of this information and further acknowledge that I agree to use the Bring Me Back Home service for lawful purposes only

Printed Name	
Signature	Date

Required when registering persons under the age of 18 or who are unable to consent themselves

Parent or Legal Guardian Name	Relationship
Signature	Date