



CITY OF ALVIN

1500 South Gordon Street ♦ Alvin, Texas 77511 ♦ (281) 388-4370 ♦ FAX (281) 388-4380

Police Department

THE SHEPHERD PROGRAM

A community service of the Alvin Police Department

The Shepherd Program has been developed to aid in the identification and safe return of individuals who may have become lost or disoriented due to reduced mental faculties associated with Alzheimer's Disease, Dementia, injury or advanced age. This is an entirely voluntary program and there is no cost associated with it. While we cannot make any guarantees concerning the effectiveness of this program it is the Alvin Police Department's firm belief that this will be of great value in times of need.

The personal information contained on the Participant Information sheet will be held in strict confidentiality by the Alvin Police Department. The information would only be shared or distributed in the event of your loved one's absence. The identifying information would be used to make the required missing persons entries in the state and national law enforcement computer systems and would only be shared with other law enforcement agencies or agencies directly assisting in a search for your loved one. We hope that this need never arises. However, in the event it does it is far better to already have the information on hand than try to gather and recall it during a time of high stress.

If any of the information changes after you submit it, please contact the Alvin Police Department so we may update the data in our files.

Completed information sheets can be returned to the Alvin Police Department electronically, in person or by mail. Information sheets returned electronically will require that we contact you to confirm your desire to have your loved one included in the program. The information sheets and photos may be turned in at any time at the Dispatch office or during our regular business hours, 7am – 6pm Monday through Thursday at the Records office. To return the information by mail please send it to:

**Alvin Police Department
1500 S Gordon St
Alvin, Tx 77511
Attn: Shepherd Program**

Thank you for helping us help you.

Chief Robert E. Lee
Alvin Police Department



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Instructions for completing Participant Information Sheet

Please notice that there are two sections to the information sheet, on separate pages. Section 1 is the participant's information, your loved one. Section 2 is the contact persons' information, who we should call to pick up or care for you loved one when they are located.

Please fill in all of the requested information. If an item is unknown please mark that field "Unk". These identifiers will assist us in locating and identifying your loved one. These items are required of the Alvin Police Department should it become necessary for us to enter your loved one in the state and national computer systems as a missing person.

Items that you are not certain of, such as height, weight or blood type, may be available from your loved one's primary care physician. In the **scars/birthmarks/tattoos** field indicate the area of the body the mark or tattoo is on and a short description of it. In the case of birthmarks, please note if it is strawberry (reddish) or brown/tan. Also please indicate whether your loved one has dentures, plates, partial, hearing aid or other prosthetics.

If your loved one requires specific medications please indicate what the medication is, what it is for (diabetes, hypertension/high blood pressure, depression, etc.) and the frequency of the dose. Please list only those medications that are taken on a continual basis. Do not include short term or over-the-counter medications (antibiotics, cough syrups, etc.).

Please include a recent photograph of your loved one. We ask that the photograph be no more than 3 – 6 months old so we have the most accurate depiction we can. Please do not send Polaroid photographs as these are difficult to scan and do not copy well, should the need arise. Please put your loved one's name on the back of the photo. If you have a digital photograph we can accept those. Prior to sending it, however, please contact the Police Department for the current coordinating officer's email address.

Please include the name, address and whatever phone numbers are valid for the contact persons. Please include at least two (2) contact persons who know your loved one on sight and would be available to pick them up or temporarily care for them when they are located.

Thank you for your assistance in safeguarding your loved one and our residents.

Alvin Police Department

Shepherd Program

Section 2. Emergency contact person(s)

Primary

Name: _____
(Last, First, Middle)

Address: _____
(number, street name/county road number, city, state)

Mailing Address if different than above:

(number, street name/county road number, city, state)

Phone numbers: Home: _____
 Work: _____
 Cell: _____

Email address: _____

Secondary/Emergency

Name: _____
(Last, First, Middle)

Address: _____
(number, street name/county road number, city, state)

Mailing Address if different than above:

(number, street name/county road number, city, state)

Phone numbers: Home: _____
 Work: _____
 Cell: _____

Email address: _____

If there are other family members or friends who you wish to include as emergency contacts, please feel free to add them below. We will maintain this sheet in a master file as a back-up in the event of a computer failure.