

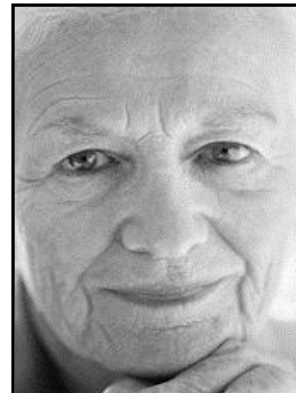


## **SCHAUMBURG POLICE DEPARTMENT**

# **PROJECT HELP**

Project Help is a community-wide effort that assists the police in identifying and returning home those persons who become injured, lost, and/or separated from their family/caregiver due to a disoriented state caused by cognitive impairment.

Cognitive impairment can affect anybody and may result in an inability to remember basic identifying information such as name and phone number. Cognitive impairments often seen by police officers include Dementia, Alzheimer's disease, or Developmental Delay.



Because of the inability of those with cognitive impairments to direct officers to a caregiver, it can often take hours for officers to find a family member or friend to bring the resident home. This lengthy investigative process may cause undue anguish upon the individual and families involved. Project Help seeks to diminish this anguish by giving caregivers, families and friends the opportunity to place their loved one's identifying information, along with a photograph, in a log book at the Police Department. The information is confidential and for police use only. This information can then be accessed by officers who come upon persons who have become disoriented to place and identity. Once the officers have located the information on the citizen they are assisting, a caretaker can be contacted immediately and a long, anxious wait at the Police Department can be averted.

To register, complete all the requested information on the Project Help form and attach a photograph. This form can then be delivered to the Schaumburg Police Department front desk or sent to:

**Paula Diaz**  
**Crime Prevention Specialist**  
**1000 W. Schaumburg Road**  
**Schaumburg, IL 60194**  
**[pdiaz@schaumburg.com](mailto:pdiaz@schaumburg.com)**  
**847-348-7274**

If you do not want an original photograph attached to the form, you can request that a copy be made at the Police Department and your original picture will be returned to you. If no photograph is available, arrangements can be made through the front desk or Social Services to take the photograph at the Police Department.



# PROJECT HELP

A COMMUNITY ASSISTANCE PROGRAM

**PLEASE PRINT CLEARLY**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

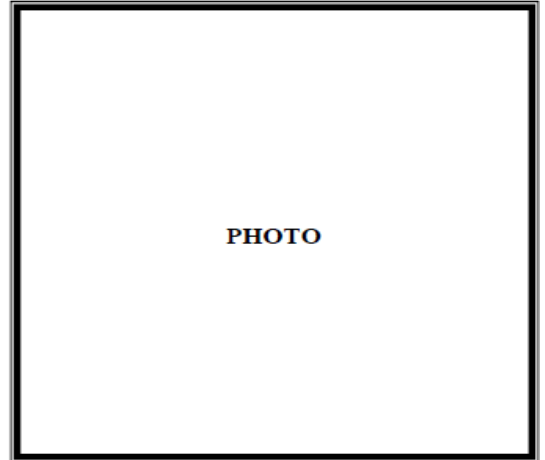
EMAIL ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

SEX: \_\_\_\_\_ RACE: \_\_\_\_\_

HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_



HAIR COLOR: \_\_\_\_\_ SKIN TONE: \_\_\_\_\_

IDENTIFYING INFORMATION/NICKNAME, ETC: \_\_\_\_\_

PRECAUTIONS: \_\_\_\_\_

MEDICAL CONDITION: \_\_\_\_\_

PRIMARY PHYSICIAN: \_\_\_\_\_

RESPONSIBLE RELATIVES:

NAME	ADDRESS	PHONE & EMAIL ADDRESS
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1. _____	_____	_____
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2. _____	_____	_____
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3. _____	_____	_____
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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Date Entered: \_\_\_\_\_