



**Omaha Office: 11711 Arbor St., Ste. 110, Omaha, NE 68144**  
**Lincoln Office: 1500 S. 70<sup>th</sup> St., Ste. 201, Lincoln, NE 68506**  
**Kearney Office: 207 W. 29<sup>th</sup> St., Ste. B, Kearney, NE 68845**

## 2016 Medic Alert + Safe Return Safety Device Grant Program

### About Medic Alert + Safe Return:

MedicAlert Foundation and the Alzheimer's Association have partnered to provide a national emergency response service for individuals living with Alzheimer's disease or another dementia who wander or have a medical emergency. With 60% of persons with dementia at risk for wandering and becoming lost, the Safe Return program activates a community support network when a person with dementia is reported lost or is found in the community. The network, including local Alzheimer Association chapters and law enforcement agencies, work to help reunite the person who wandered with the caregiver or a family member.

### With MedicAlert + Safe Return Service (MASR), individuals enrolled receive:

1. A personalized medical ID with the MASR 24/7 toll-free number
2. 24/7 emergency response and family notification service
3. Personal emergency health record
4. Six Steps to a Safe Return magnet
5. Advance Directive Storage

### About the Nebraska Chapter Grant Program:

This grant provides a one year membership and accompanying jewelry device(s) to the Medic Alert + Safe Return Program for a) individuals with a diagnosis of Alzheimer's or another dementia, b) family care partners of a person with Alzheimer's or another dementia, or c) both.

### What are the criteria for acceptance to this program?

1. Be a resident of any county in Nebraska.
2. Have a diagnosis of Alzheimer's or a related dementia OR a care partner for a person living with a diagnosis.
3. Complete the **MASR Enrollment Form** (attached), and submit form to the Chapter office in Omaha.
4. Prepare additional documentation and resources (per form) and submit to the Chapter office in Omaha. This includes a photo and jewelry measurements.

Send completed application and materials via mail, e-mail or over the phone (as able) to:

**Alzheimer's Association**  
**Nebraska Chapter**  
**c/o Denise McCown**  
**11711 Arbor St., Ste. 110**  
**Omaha, NE 68144**  
**402-502-4301, x. 8256 (phone)**  
**dmccown@alz.org (e-mail)**

Office Use			
Application Rec'd:			
Confirmation or Receipt			
Entered into Portal			
Entered into Personify			
Device received?			



**Omaha Office: 11711 Arbor St., Ste. 110, Omaha, NE 68144**  
**Lincoln Office: 1500 S. 70<sup>th</sup> St., Ste. 201, Lincoln, NE 68506**  
**Kearney Office: 207 W. 29<sup>th</sup> St., Ste. B, Kearney, NE 68845**

## **2016 Medic Alert + Safe Return Safety Device Grant Program Frequently Asked Questions**

***Q: Who funded the Medic Alert + Safe Return Safety Device Grant Program?***

A: Support for this program was made possible through a grant from the Valmont Foundation and the Omaha Rotary Club.

***Q: How long is funding for the program available?***

A: The funds are limited and available until exhausted OR until **June 30, 2017**.

***Q: Who is eligible for the Program?***

A: Residents of Nebraska living with a diagnosis of Alzheimer's or another dementia and/or their care partner(s).

***Q: How can I apply to be a part of the Program?***

A: You can apply for the program by submitting the required forms to the Chapter office. The forms are accessible at the Chapter offices and on our website, [alz.org/nebraska](http://alz.org/nebraska). You will receive a letter or phone call upon with any questions or concerns we might have. It is recommended to submit all forms as soon as possible.

***Q: Who pays for the safety device?***

A: The Alzheimer's Association Nebraska Chapter pays for the device AND submits the appropriate paperwork once received from the interested party.

***Q: How long does it take to receive the safety device?***

A: After the Chapter receives all required forms and information, the device will be made. It takes approximately 15-20 business days for the individual(s) interested to receive their device, providing all necessary forms have been submitted.

***Requests will be processed weekly on Tuesday.***

***Q: Can I use funds provided through this program for any other item or service?***

A: No. These funds are available only for membership to the MASR program.

***Q: Will this be offered again in the future?***

A: We will continue to try to obtain funding to extend the program and will make a public announcement if we are successful. One year memberships are provided. Renewal in the program after the one year will be the responsibility of the individual(s).

# Member enrollment

Last name \_\_\_\_\_  
First name \_\_\_\_\_  
Nickname \_\_\_\_\_  
Address (no PO Boxes) \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ ZIP code \_\_\_\_\_  
Phone (\_\_\_\_) \_\_\_\_\_  
Birth date \_\_\_\_\_  Male  Female  
Last 4 digits of Social Security No. \_\_\_\_\_  
Height \_\_\_\_\_ Weight \_\_\_\_\_  
Eye color \_\_\_\_\_ Hair color \_\_\_\_\_  
Race/ethnicity \_\_\_\_\_  
Skin tone  Dark  Medium  Fair  
 Mole  Tattoo  Scar  Birth mark \_\_\_\_\_

## Drug allergies

List all known drug allergies.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Medications

List all medications and dosages, including inhalers.

Medication	Prescribed Dosage

## Medical conditions

Only individuals with Alzheimer's or a related dementia are eligible for the MedicAlert + Safe Return program.

- Alzheimer's disease  
 Other dementia \_\_\_\_\_

## Other conditions

- Angina  Epilepsy  
 Arthritis  Glaucoma  
 Asthma  Hearing Impaired  
 Atrial Fibrillation  Hypertension  
 Chronic Obstructive Pulmonary Disease (COPD)  Myocardial Infarction  
 Congestive Heart Failure  Organ Transplant  
 Coronary Artery Disease  Seizure Disorder  
 Diabetes  Stroke  
 Emphysema  Von Willebrand's Disease

- Other \_\_\_\_\_  
 Implant\* \_\_\_\_\_

## Primary contact information

Last name \_\_\_\_\_  
First name \_\_\_\_\_  
Address (no PO Boxes) \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ ZIP code \_\_\_\_\_  
Phone home (\_\_\_\_) \_\_\_\_\_  
Cell (\_\_\_\_) \_\_\_\_\_  
Work (\_\_\_\_) \_\_\_\_\_  
Email \_\_\_\_\_

## Secondary contact information

Last name \_\_\_\_\_  
First name \_\_\_\_\_  
Address (no PO Boxes) \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ ZIP code \_\_\_\_\_  
Phone home (\_\_\_\_) \_\_\_\_\_  
Cell (\_\_\_\_) \_\_\_\_\_  
Work (\_\_\_\_) \_\_\_\_\_  
Email \_\_\_\_\_

## Optional \$35 caregiver enrollment

Last name \_\_\_\_\_  
First name \_\_\_\_\_  
Nickname \_\_\_\_\_  
Address (no PO Boxes) \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ ZIP code \_\_\_\_\_  
Phone home (\_\_\_\_) \_\_\_\_\_  
Cell (\_\_\_\_) \_\_\_\_\_  
Work (\_\_\_\_) \_\_\_\_\_  
Birth date \_\_\_\_\_  Male  Female  
Last 4 digits of Social Security No. \_\_\_\_\_

## Drug allergies

List all known drug allergies.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Medications

List all medications and dosages, including inhalers.

Medication	Prescribed Dosage

## Medical conditions

Check the box next to each of your conditions and write in any others. While these conditions are very important, any condition that requires continued physician care or special attention in an emergency should be noted.

- Angina  Epilepsy  
 Arthritis  Glaucoma  
 Asthma  Hearing Impaired  
 Atrial Fibrillation  Hypertension  
 Chronic Obstructive Pulmonary Disease (COPD)  Myocardial Infarction  
 Congestive Heart Failure  Organ Transplant  
 Coronary Artery Disease  Seizure Disorder  
 Diabetes  Stroke  
 Emphysema  Von Willebrand's Disease

- Other \_\_\_\_\_  
 Implant\* \_\_\_\_\_  
 No known medical conditions

## Emergency contact

Last name \_\_\_\_\_  
First name \_\_\_\_\_  
Nickname \_\_\_\_\_  
Phone home (\_\_\_\_) \_\_\_\_\_  
Cell (\_\_\_\_) \_\_\_\_\_  
Work (\_\_\_\_) \_\_\_\_\_

\* Please list the manufacturer model and serial number, or include a copy of your implant card with this form.

# Member ID jewelry & payment

## Select your ID jewelry included in your membership

Products are shipped to the primary caregiver unless otherwise requested.

### Measure wrist for ID bracelet

Use a flexible tape measure to determine wrist size, or wrap a string around your wrist and measure it against the ruler on the side of this page.

### Front of jewelry

- Z101 Stainless steel large emblem, purple logo w/ bracelet (not pictured)
- Z102 Stainless steel small emblem, purple logo w/ bracelet



- Z100 Stainless steel round pendant, purple logo



### Back of jewelry



## Other products are available online at [medicalert.org/safereturn](http://medicalert.org/safereturn).

### Emblem engraving

In an emergency, response personnel need to be aware of your loved one's critical medical information in order to treat them correctly. Their MedicAlert + Safe Return jewelry will be engraved with their member ID number and our 24-hour emergency response number to enable responders to assist our loved one immediately. To help assure you receive thorough, accurate treatment, the condition our trained staff deems most relevant to your medical needs in an immediate emergency treatment will be engraved on the jewelry.

**Please note:** Once your jewelry has been engraved and shipped, there will be an additional charge for any changes requested. Jewelry engraving is personalized to individual members and cannot be transferred to another individual, altered, sold or returned.

## Member jewelry selection

- Type  Small stainless steel bracelet (1<sup>3</sup>/<sub>8</sub>"")  
 Large stainless steel bracelet (1<sup>5</sup>/<sub>8</sub>"")  
 Stainless steel pendant (1<sup>1</sup>/<sub>4</sub>"") with necklace (26" chain)

Exact wrist measurement \_\_\_\_\_ inches  
*(Required for bracelet. Please measure wrist snugly and add 1/2".)*

## Caregiver jewelry selection (if purchasing caregiver membership)

- Type  Small stainless steel bracelet (1<sup>3</sup>/<sub>8</sub>"")  
 Large stainless steel bracelet (1<sup>5</sup>/<sub>8</sub>"")  
 Stainless steel pendant (1<sup>1</sup>/<sub>4</sub>"") with necklace (26" chain)

Exact wrist measurement \_\_\_\_\_ inches  
*(Required for bracelet. Please measure wrist snugly and add 1/2".)*

## Recent photo of member provided?

- Yes  No

*Send original photo, passport size or larger. Photo will not be returned. Please write member's name on back of photo.*

## Cost

One time enrollment fee	<b>\$ 55</b>
Optional caregiver membership and jewelry (\$35)	_____
Shipping and handling	<b>\$ 7</b>
<b>Total</b>	<b>\$ _____</b>

## \$35 annual renewal fee

When annual fee is due, I authorize the \$35 charge to my designated account listed below.

- Yes  No

## Payment

- Check *(made payable to MedicAlert Foundation)*  
 Visa®  Mastercard®  
 American Express®  Discover®

Card number \_\_\_\_\_  
 Expiration date \_\_\_\_/\_\_\_\_/\_\_\_\_

Cardholder's name: \_\_\_\_\_

Cardholder's signature: \_\_\_\_\_

## Consent

**Important:** By accepting membership in MedicAlert Foundation, for yourself as member or caregiver and/or as caregiver on behalf of the member named above (collectively, "you"), you authorize MedicAlert to release all medical and other confidential information about you in emergencies and to other health care personnel you designate. If you choose to terminate membership, you must notify us in writing and return your jewelry. MedicAlert relies upon the accuracy of the information that you provide. You, therefore, agree to defend, indemnify, and hold MedicAlert (including its employees, officers, directors, agents, and organizations with which it maintains a marketing alliance for the provision of services hereunder) harmless from any claim or lawsuit brought by member or others for injury, death, loss or damages arising in whole or in part out of your provision of incomplete or inaccurate information to MedicAlert. Furthermore, as caregiver for the member named above, you hereby represent and warrant to MedicAlert that you have full power and authority, as the duly authorized representative of such member, to enroll and act on his or her behalf.

## Signature