Alzheimer Society
SAULT STE. MARIE & ALGOMA DISTRICT

At Risk Driver Program
Registration Form

Identification of At Risk Driver (Special Interest to Police)

Surname	Given 1	Given 2	Sex (M/F)	D.O.B. YY MM DD

Street Address	Apt./Unit No.	City and Province	Postal Code

Phone Number	Place of Birth	Wandering Registry (Safely Home): (Circle) YES NO If Yes, Number:

Height	Weight	Eye Colour	Hair Colour	Complexion	Build

Marks, Scars, Tattoos, Outstanding Features

Driver's License No.	Province of License	Date Suspended YY MM DD	Suspension Number	Copy Included? (circle) YES NO

Vehicle #1: Vehicle and Plate Information

Type : Auto ☐ Truck ☐ Van ☐	Make	Model

Plate/License No.	Province of Plate	Colour	VIN

Vehicle Owner Surname	Given 1	Given 2	Sex (M/F)	D.O.B. YY MM DD

Vehicle #2: Vehicle and Plate Information

Type : Auto ☐ Truck ☐ Van ☐	Make	Model

Plate/License No.	Province of Plate	Colour	VIN

Vehicle Owner Surname	Given 1	Given 2	Sex (M/F)	D.O.B. YY MM DD

Driving History (Brief Narrative of Previous Driving Incidents)

Caregiver

Surname	Given 1	Given 2	Sex (M/F)	D.O.B. YY MM DD
Street Address	Apt./Unit No.	City and Province	Postal Code	
Home Phone No.	Cell Phone No.	Work Phone No.	I understand that this information is provided voluntarily and shall be kept confidential at all times and only released to the Alzheimer Society and law enforcement agencies for the purpose of the *At Risk Driver Program*. I also understand the implications of registration in the *At Risk Driver Program.*	
Email Address	Signature (of Caregiver)	Date YY MM DD		

Alternate Contact Person

Surname	Given 1	Given 2	Sex (M/F)	D.O.B. YY MM DD
Street Address	Apt./Unit No.	City and Province	Postal Code	
Home Phone No.	Work Phone No.	Cell Phone No.	Email Address	

Referring Agency

Agency Name	Agency Address	
Contact Name	Contact Phone No.	Contact Fax No.

Referring agencies: Please fax this form to the Alzheimer Society of Sault Ste. Marie and Algoma District at 705-256-6777.

ALZHEIMER SOCIETY USE ONLY

Date Sent to SSMPS YY MM DD	Date Number Received YY MM DD	Incident No.