

SAFENET Identification Program



Sponsored by Allen County TRIAD
Dedicated to preserving the
safety of seniors.

260-469-3036

HOW THE PROGRAM WORKS

In cooperation with local law enforcement and first responders, the SAFENET program assists in identifying individuals in the community that experience confusion, are lost, have a medical event and/or incident requiring EMS or law enforcement. These events can happen to anyone without warning and are especially dangerous to at risk individuals.

SAFENET offers an optional bracelet that has participant's name, allergies and medical diagnosis to assist first responders.

This FREE service gives participants peace of mind to be active in our community with a safety net in case of an emergency.

The type of information stored in the secure Allen County identification system is:

- Name, Address, phone number
- Picture (Optional)
- DOB, height, weight, hair/eye color
- Identifying body scars/tattoos
- Pertinent medical conditions
- Contact name & phone number

Safenet Registration Form

Registrant Information		
Registrant's Name:		
Preferred First Name:		
Address:		
Is the registrant cared for in a: <input type="checkbox"/> Private Residence <input type="checkbox"/> Facility Name:		
Telephone Number:		Sex:
Date of Birth:	Race:	Hair Color:
Eye Color:	Height: ' ''	Weight: lbs
Visible Scars, Marks, or Tattoos:		
Diagnosis:		
Allergies:		
Emergency Contact or Caregiver Information		
EC or Caregiver Name:		Relationship:
Address:		
Telephone Number:		Email:
Was a release signed? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Location Kept: Aging & In-Home Services of Northeast Indiana		
If completing by email, please send completed forms and headshot of registrant to rpeconge@uchinc.org or via text at 260-341-1296		

Safenet Identification Options



Elastic Nylon Bracelet



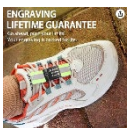
Adjustable Silicone Strap Bracelet



Acrylic Shoe Tag



Keychain



Metal Shoe Tag



Necklace for Women



Stainless Steel Mesh Bracelet



Stainless Steel Tag Pendant



Stainless Steel Chain Link Bracelet

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Safenet Release Form

Registrant's Name: _____

Release

I, the undersigned, for myself and on behalf of the Registrant named above, do hereby authorize the Safenet Program to release identification information in response to emergency calls regarding the Registrant and do further agree to indemnify and hold harmless the Fort Wayne Police Department, The Allen County Sheriff's Department, The City of Fort Wayne, The New Haven Police Department, Aging and In-Home Services of Northeast Indiana and their respective employees, agents, officers and directors, TRIAD or it's volunteers, from any and all claims (other than willful misconduct) arising out of participation in the Safenet Program and the release of identification information.

Furthermore, I hereby represent and warrant to the Safenet Program that I have full power and authority as the duly authorized representative of the Registrant name above to register and act on his or her behalf

Date: ____ / ____ / ____

Representative's Signature: _____

Representative's Printed Name: _____

Relation to Registrant: _____

I agree and understand that by signing the Electronic Signature Acknowledgment and Consent Form, all electronic signatures are the legal equivalent of my manual/ handwritten signature.