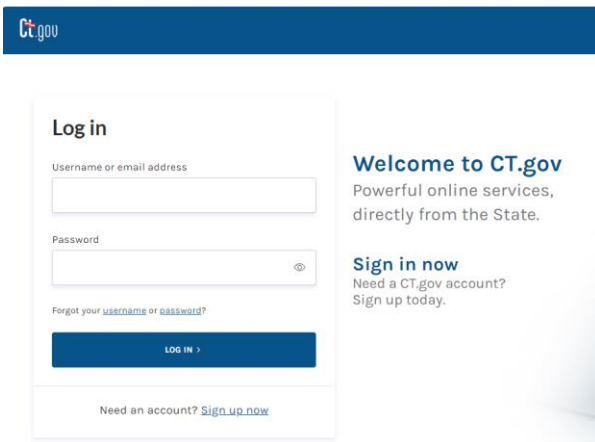


How to register someone in the Bring Me Back Home Registry

- Visit <https://ct.gov/bmbh>
- Under How can we register? Click on the link to register or Login to Bring Me Back Home
- Login or create your state of CT account.



The screenshot shows the CT.gov login interface. At the top left is the CT.gov logo. The main content area is divided into two sections. On the left is a 'Log in' form with fields for 'Username or email address' and 'Password', a 'Forgot your username or password?' link, and a 'LOG IN >' button. Below the form is a link for 'Need an account? Sign up now'. On the right is a 'Welcome to CT.gov' message with the text 'Powerful online services, directly from the State.' and a 'Sign in now' section with the text 'Need a CT.gov account? Sign up today.'

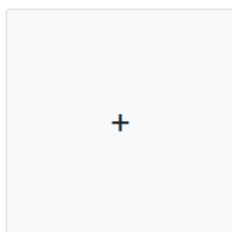


- Click on the + to add someone to the registry

Welcome,

You may enter up to 4 people into the Bring Me Back Home Self-Registry System. We encourage you to sign back in and update information about your registrations as frequently as necessary.

You currently have 0 people registered.



To add a new person to the registry, follow the steps below



- Click on the camera icon to add a recent photo
- Enter date the photo was taken
- Enter what the age the person is when the photo was taken

Add new person

Please use this form to register a new Bring Me Back Home person.

Photo

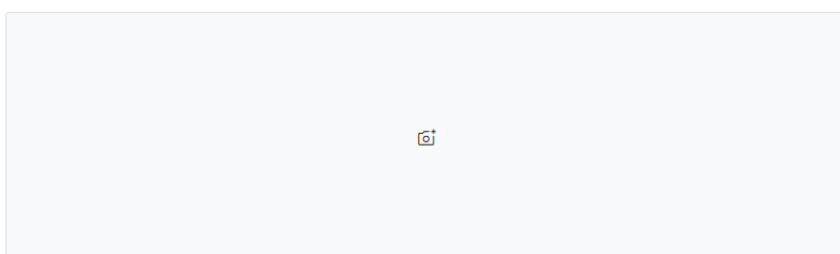


Photo Guidelines:

- Photo should ideally be a recent, clear, front-facing picture
- If possible, photo should meet passport quality guidelines ([See guidelines](#))

* Photo Date

* Age in Photo

- Enter the individual's basic information and any physical description that will help law enforcement recognize the individual

Basic Information

* First Name	Middle Name	* Last Name	Suffix
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
* Preferred Name / Name to call me	* Date of Birth	* Phone Number	
<input type="text"/>	<input type="text" value="11/03/2023"/>	<input type="text" value="123-456-7890"/>	
* Address			
<input type="text" value="1234 Main St"/>			
Address 2			
<input type="text" value="Apartment, studio, facility name, or floor"/>			
* City	* State	* Zip Code	
<input type="text"/>	<input type="text" value="Alabama"/>	<input type="text" value="12345 or 12345-678"/>	

Physical Description

Race	
<input type="text" value="WHITE / CAUCASIAN"/>	
Sex	Gender Identity
<input type="text" value="FEMALE"/>	<input type="text" value="FEMALE"/>
Height	
<input type="text"/>	<input type="text"/>
Weight	
<input type="text"/>	
Eye Color	Hair Color
<input type="text" value="BLACK"/>	<input type="text" value="AUBURN"/>
Distinguishing Features / Commonly Worn Items	
<input type="text" value="Tattoos, birthmarks, favorite hat, wears a toupee, etc."/>	

- **Diagnosis and Disability section:**
- The following disabilities are available to select-
 - hold the Control key to select multiple disabilities

* Diagnosis/Disability

ADHD
 ALZHEIMERS / DEMENTIA
 AUTISM / ASPERGERS
 BLIND / LOW VISION
 BRAIN INJURY
 CEREBRAL PALSY
 DEAF / LOW HEARING
 DIABETIC
 DOWN SYNDROME
 EPILEPSY / SEIZURES
 HUNTINGTON DISEASE
 INTELLECTUAL DISABILITY
 MENTAL ILLNESS
 OTHER BRAIN ILLNESS
 OTHER DEVELOPMENTAL DISABILITY
 OTHER MENTAL DISABILITY
 PHYSICAL DISABILITY
 MOTOR TICS
 VOCAL TICS
 HIGH PAIN TOLERANCE

Hold Control key to select multiple options.

- **Additional Diagnosis Information:**
- Add any additional information that can be helpful to law enforcement

Additional Diagnosis Information

Additional information relevant to the persons diagnosis

Medication Endangered

Are there any medications that would endanger the persons life if not taken on schedule?

Medications and Medical Information

List of important medications that the person takes as well as any other relevant medical information

- **Medication Endangered:**
- List any important medication information that is helpful to law enforcement
 - i.e.: Insulin, EpiPen

- **Special Information section:**
- List any information that can aid in the search of the registered individual.

Special Information

Home Type

LIVES WITH SPOUSE/FAMILY/RELATIVES

Wander Tendency

Past Wander Incidents

Places They May Go

Former home addresses, places of employment, relative homes, parks, restaurants, etc.

- **Communication Methods:**
- Select any methods of communication that the registered individual uses that would be helpful to first responders

Communication Method(s)

VERBAL
 NONVERBAL
 NON-COMMUNICATIVE
 ASSISTED COMMUNICATION DEVICE
 PICTURE COMMUNICATION SYSTEM
 LANGUAGE OTHER THAN ENGLISH
 HEARING DIFFICULTY
 SIGN LANGUAGE ASL
 SPEECH DIFFICULTY
 CAN READ OR WRITE
 REPEATS QUESTIONS
 ONLY RESPONDS "YES" OR "NO" TO QUESTIONS

Hold Control key to select multiple options.

- The family can provide useful information on ways to connect to the registered individual including the primary language spoken as well as ways to approach.

Spoken Languages

List any languages that they may speak including their dominant language

Approach Suggestions

Describe the safest way to approach them (Ex. Approach from the front using their preferred name, calm voice, keep a certain distance, approach slowly, etc.).

Ways to Connect

Describe the best ways to connect with them (Ex. Using their preferred name, names and relationships of friends and family members, favorite sports teams, foods, hobbies, music,

- Notable behaviors section:** should be used to provide first responders pertinent information regarding what kind of behaviors can be expected from the registered individual.

Notable Behaviors

AFFECTIONATE
 NONE
 ANXIETY
 COMBATIVE
 DISROBES OR PREFERS NUDITY
 FEAR OF DOGS
 PREFERS HUGS
 LIGHT SENSITIVE
 NOISE SENSITIVE
 PARANOID
 REPEATS PHRASES
 RUN TENDENCY
 SELF STIMULATION BEHAVIOR
 SENSITIVE TO STIMULATION
 STRANGER UNRESPONSIVE
 TOUCH SENSITIVE
 WATER ATTRACTED
 DISLIKES EYE CONTACT
 DISLIKES BEING WET OR DIRTY
 DISLIKES INTERACTING WITH STRANGERS
 DISLIKES CERTAIN CLOTHING OR SHOES
 SPEAKS LOUDLY
 SELF-INJURY
 RUNNING IF CHASED
 VOCAL STIMMING
 MAKES HIGH-PITCHED NOISES
 DISREGARDS OR HAS NO SENSE OF DANGER
 SENSORY SEEKING
 SENSITIVE TO CROWDS

Hold Control key to select multiple options.

Other Behaviors

Calming Methods

THE USE OF CALM AND QUIET VOICE
 NOISE CANCELLING HEADPHONES
 PROVIDING TIME ALONE
 SPECIFIC FOOD ITEMS

Hold Control key to select multiple options.

Additional Calming Methods/Information

Additional information and techniques to help calm the person (Ex. Mentioning a trusted person, offering them a favorite food, etc.).

- Calming methods are available to select and describe any methods frequently used to calm the individual during a crisis situation.

- Additional Emergency contact information will be available to first responders

Emergency Contact

* Full Name	* Relationship	
<input type="text"/>	AUNT ▼	
* Address		
<input type="text"/>		
Address 2		
<input type="text"/>		
* City	* State	* Zip Code
<input type="text"/>	Alabama ▼	12345 or 12345-678
* Primary Phone	Secondary Phone	
123-456-7890	123-456-7890	
Email		
name@example.com		

Secondary Contact

[Add Secondary Contact](#)

- **Vehicle Information section:**
- Completing this ahead of time gives law enforcement the ability to obtain vehicle information quickly and will save valuable time in an event such as a silver alert

Vehicle

[Remove Vehicle](#)

Year	Make	Model
<input type="text"/>	ACURA ▼	<input type="text"/>
Color		
BEIGE ▼		
Distinguishing Marks		
<input type="text" value="Damage (Dents, paint chips, broken mirrors/windows), stickers, license plate covers, etc."/>		
VIN:		
<input type="text"/>		
Licence Plate #	Licence Plate State	
<input type="text"/>	Alabama ▼	

Vehicle

[Add Vehicle](#)

Other Forms of Transportation

Additional Helpful Information

Legal Consent

Parent or Legal Guardian Name

Required when registering persons under the age of 18 or who are unable to consent themselves

I consent to the release of this information

[Cancel](#) [Save](#)