



Wandering Person Program Intake Form

Date: _____

Name Commonly Used: _____

Last Name: _____

First Name: _____ Middle: _____

Date of Birth: _____

Address of Wandering Person: _____

Emergency Contact: _____

Relationship: _____

Emergency Contact Phone: _____

Emergency Contact Address: _____

Caseworker (If any): _____

Phone Number: _____

Agency: _____

Recent Photo

(head & shoulders
taken within the last 12 months)

Write full name &
DOB on back of photo

Staple photo to form

School photo is acceptable

Height: _____ Weight: _____

Eye color: _____ Hair color: _____

Other distinguishing features/ marks:

Known Triggers: _____

Known Calmers: _____

Health Concerns: Alzheimer's/Dementia ___ Autism ___ Diabetes ___ Other: _____ Allergies: _____

Form Submitted by: _____ Relationship: _____ Phone: _____

Confidentiality

The information on this Wandering Person Program form is confidential and will be used for the sole purposes of the identification and protection of your loved one in the event of an emergency or crisis situation. By providing this information you give the Sagadahoc County Communication Center permission to share it with other first responders as needed. Other first responder agencies include but are not limited to: Police, Fire, EMS, and 9-1-1 Dispatch personnel.