|  |  |  |
| --- | --- | --- |
| **Name** | **Nickname** |  |
| Ellen Tracey | El | Sample client picture of Ellen Tracey |
| **Current Address** |
| 45 Shade Street, Treetop MA 00000 |
| **Former Address** |
| 57 Old River Road, Oldtown MA 00000 |
| **Sex** | **Race** | **D.O.B.** | **Age\*** | **Height\*** | **Weight\*** | **Build** | **Hair** | **Eyes** |
| F | Cauc | 4/8/75 | 42 | 5’2” | 147 |  | red | blue |
| **Distinguishing Marks** |
| Old scarring to cheeks |
| **Legal Competency Status** |
| Incompetent |
| **If Legal Guardian, Name** | **Phone** |
| Regina Willow | 617-000-0000 |
| **Address** | **Work** |
| 11 Daniel LaneTreetop, MA 00000 |  |
| **Family Address (if different)** | **Phone** |
|  |  |
|  |  |  |
| **Training / Work Program** | **Address** | **Phone** |
| Amercare Services | 13 Main Street Treetop MA 00000 | 617-000-0000 |
| **Relevant Emergency Medical Information: (Allergies, Medications, etc.)** |
| Allergies-None Known |
| Diagnoses-Hypertension, Hyperlipidemia, Anxiety disorder-Self-injurious behaviors |
| **Physician’s Name** | **Address** | **Phone** |
| Dr. Shirley Glass | 504 Lyman Street, Treetop MA 00000 | 617-000-0000 |
| **Language / Communication** | **Ability to protect self w/o assistance** |
| Speaks and understands English |  |
| Uses simple words and short sentences | no |
| **Significant Behavior Characteristics** | **Likely Response To Search Efforts** |
| When anxious will slap face and bang head against wall | Poor |
|  |  |
| **Pattern of Movement (if lost previously)** | **Places Frequented** |
|  |  |
| **Relevant Capabilities:** | **Limitations:** | **Preferences:** |
| Independent with ADLs |  | Likes to help staff |
| **Probable Dress\*** |
|  |
| **Where and When the person was last seen** | **Date\*** | **Time\*** |
|  |
| **Emergency Contacts** |  |  |  |
| **F****AMILY / GUARDIAN** | Regina Willow, (Guardian) | **DDS** | Sky Johnson, Service Coordinator |
| **RESIDENCE** | Linda White, Program Manager |  |  |
| Note: Asterisked (\*) items are left blank on the original and filled in on copy if and when the individual is lost. Except age, height, and weight which must be recorded at all times on the form. |
| **NAME** | COMMONWEALTH OF MASSACHUSETTS | **AREA** |
| Ellen Tracey |  | Anywhere Area Office |
| **RECORD LOCATION** |  |  |
| 45 Shade Street | **EMERGENCY** |  |
| Treetop MA 00000 | **FACT SHEET** |  |