



Client Wandering Database: Intake Form

Date: _____

NAME commonly used: _____

Full Name: _____

Date of Birth: _____

Address of Client Residence: _____

Contact Person: _____

Relationship: _____

Contact Phone #: _____

Contact Person Address: _____

Recent Photo

Write Full Name & DOB
on back of photo

Staple photo to form

Head & Shoulders
(Taken within last 12 months)

School Photo works

Staple Photo to Form

Case Worker: _____

Phone # _____

KNOWN TRIGGERS: _____

KNOWN CALMERS: _____

HEALTH ISSUES: Alzheimer's/Dementia ___ Autism ___ Other _____ **ALLERGIES** _____

Form Submitted by Signature : _____ Relationship : _____ Phone # _____

Bring or mail completed form and photo to Police Station or Sheriff's Department.

Questions/ Need Help Call: Chief McFadden (207) 338-5255, **Belfast Police Dept**, 112 Church St, Belfast ME
 or Chief Deputy Trafton (207) 338-6786, **Sheriff Department**, 6 Public Safety Way, Belfast ME
 or Chief LaHaye (207) 548-2304, **Searsport Police Department**, 3 Union Street, Searsport ME

Forms available at Police Departments, or Sheriff's Office, or online:
<http://www.cityofbelfast.org/index.aspx?nid=177>