|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name** | | | | | | | | | | | **Nickname** | | | |  | | | | |
| David Cook | | | | | | | | | | | Dave | | | |
| **Current Address** | | | | | | | | | | | | | | |
| 45 Shade Street, Treetop MA 00000 | | | | | | | | | | | | | | |
| **Former Address** | | | | | | | | | | | | | | |
| 25 Smith Street, Oldtown MA 00000 | | | | | | | | | | | | | | |
| **Sex** | **Race** | **D.O.B.** | | **Age\*** | **Height\*** | | **Weight\*** | | **Build** | | | **Hair** | | **Eyes** |
| M | Cauc | 3-15-64 | | 52 | 6’1” | | 196 | |  | | | Br | | Bl |
| **Distinguishing Marks** | | | | | | | | | | | | | | |
| Mole on right shoulder | | | | | | | | | | | | | | |
| **Legal Competency Status** | | | | | | | | | | | | | | |
| Presumed Competent | | | | | | | | | | | | | | |
| **If Legal Guardian, Name** | | | | | | | | | | **Phone** | | | | |
| NA | | | | | | | | | |  | | | | |
| **Address** | | | | | | | | | | **Work** | | | | |
|  | | | | | | | | | |  | | | | |
|  | | | | | | | | | |  | | | | |
| **Family Address (if different)** | | | | | | | | | | **Phone** | | | | |
| 25 Smith Street | | | | | | | | | | 617-000-0000 | | | | |
| Oldtown MA 00000 | | | | | | | | | |  | | | | |
| **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 | | | | | | | | | | | | | | | | | | | |
| Diagnoses-High blood pressure, osteoarthritis right knee, GERD | | | | | | | | | | | | | | | | | | | |
| **Physician’s Name** | | | | | | | | **Address** | | | | | | | | | | **Phone** | |
| Dr. Richard Black | | | | | | | | 504 Lyman Street, Treetop MA 00000 | | | | | | | | | | 617-000-0000 | |
| **Language / Communication** | | | | | | | | | | | | | | | **Ability to protect self w/o assistance** | | | | |
| Speaks and understands English | | | | | | | | | | | | | | |  | | | | |
| Minimal ability to read and write | | | | | | | | | | | | | | | yes | | | | |
| **Significant Behavior Characteristics** | | | | | | | | | | | | | | | **Likely Response To Search Efforts** | | | | |
| none | | | | | | | | | | | | | | | good | | | | |
|  | | | | | | | | | | | | | | |  | | | | |
| **Pattern of Movement (if lost previously)** | | | | | | **Places Frequented** | | | | | | | | | | | | | |
|  | | | | | |  | | | | | | | | | | | | | |
| **Relevant Capabilities:** | | | | | | | **Limitations:** | | | | | | | | **Preferences:** | | | | |
| Independent with ADL’s | | | | | | |  | | | | | | | | Enjoys riding on buses | | | | |
| **Probable Dress\*** | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| **Where and When the person was last seen** | | | | | | | | | | | | | | | **Date\*** | | | | **Time\*** |
|  | | | | | | | | | | | | | | | | | | | |
| **Emergency Contacts** | | |  | | | | | | | | | |  | | | |  | | |
| **F****AMILY / GUARDIAN** | | | David Cook, Sr. (father) | | | | | | | | | | **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** | | | |
| David Cook | | | | | | |  | | | | | | | | | Anywhere Area Office | | | |
| **RECORD LOCATION** | | | | | | |  | | | | | | | | |  | | | |
| 45 Shade Street | | | | | | | **EMERGENCY** | | | | | | | | |  | | | |
| Treetop MA 00000 | | | | | | | **FACT SHEET** | | | | | | | | |  | | | |