

Name		Nickname				
Current Address						
Former Address						
Sex	Race	Birth date	Height	Weight	Hair	Eyes
distinguishing Marks						
SS#			Medicare / Mass Health#			
Legal Competency Status						
Legal Guardian Name			Phone Number			
Address						
Family Address (If Different)			Phone Number			
Training Program / Work Address			Phone Number			
Relevant Emergency Medical Information						
Physician Name		Address			Phone Number	
Language / Communication					Ability to Protect Self	
Significant Behavior Characteristics					Likely Response to Search	
Pattern of Movement if Lost Previously						
Places Frequented						
Relevant Capabilities, Limitations and Preferences						
Probable Dress						
Contact Persons(s)						
Current medications:					DDS Area and Service Coordinator	

EMERGENCY FACT SHEET