



# Client Wandering Database: Intake Form

Date: \_\_\_\_\_

NAME commonly used: \_\_\_\_\_

Last Name: \_\_\_\_\_

First Name \_\_\_\_\_ Middle \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Physical Address (Client): \_\_\_\_\_  
\_\_\_\_\_

Contact Person: \_\_\_\_\_

Relationship: \_\_\_\_\_

Contact Phone #: \_\_\_\_\_

Contact Person Address: \_\_\_\_\_  
\_\_\_\_\_

Case Worker: (If any) \_\_\_\_\_

Phone # \_\_\_\_\_

Agency: \_\_\_\_\_

**Recent Photo**

Write Full Name & DOB  
on back of photo

**Staple photo to form**

Head & Shoulders  
(Taken within last 12months)

School Photo works

Staple Photo to Form

Height \_\_\_\_\_ Weight \_\_\_\_\_

Eye color \_\_\_\_\_ Hair Color \_\_\_\_\_

Other distinguishing features / marks  
\_\_\_\_\_

**KNOWN TRIGGERS:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**KNOWN CALMERS:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**HEALTH ISSUES:** Alzheimer's/Dementia \_\_\_ Autism \_\_\_ Diabetes \_\_\_ Other \_\_\_\_\_ **ALLERGIES** \_\_\_\_\_

Form Submitted by Signature : \_\_\_\_\_ Relationship : \_\_\_\_\_ Phone # \_\_\_\_\_

**Bring or mail completed form and recent photo to your local Police Department or Sheriff's Office**

Somerset County Sheriff's Dept: Sheriff Barry DeLong, 131 East Madison Road, Madison, ME 04950 (207) 474-9591

Fairfield Police Department: Chief Thomas Gould, 74 Water St, Fairfield, ME 04937 (207) 453-9321

Madison Police Department: Chief Barry Moores, 26 Weston Ave, Madison, ME 04950 (207) 696-5373

Pittsfield Police Department: Chief Steve Emery, 112 Somerset Ave, Pittsfield, ME 04967 (207) 487-3101

Skowhegan Police Department: Chief Edward Blais, 225 Water St, Skowhegan, ME 04976 (207) 474-6908