

## We Can Help



### The Wandering Person Program:

Provides a network of critical real time information including a photograph to Law Enforcement, which assists in locating individuals prone to wander due to Autism, Alzheimer's, Dementia or other mental/medical conditions.

- To participate you **must** register your loved one
- Registration is simple and takes just a few minutes
- Information is secure and private
- Saves valuable time when **seconds** count
- Alerts officers to potential triggers and ways to calm the individual



"As a parent of a teen with autism this program adds greatly to my peace of mind."

Linda Lee  
Wandering Database Co-Founder

### Instructions

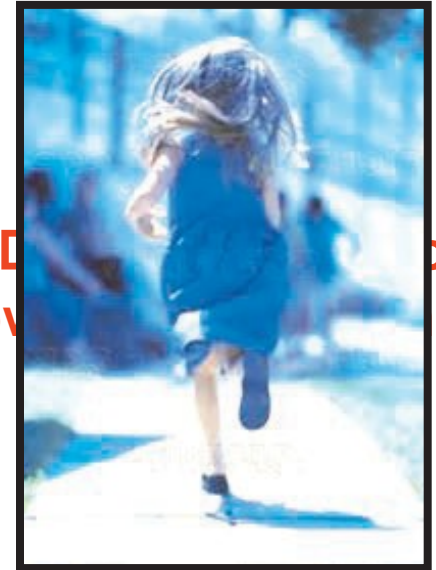
Bring completed form with recent photo to:  
Tammy Shiers, Director  
**Sagadahoc County Communications Center**  
752 High Street, Bath, ME 04530  
(207)386-5801  
[director@sagadahoccountyme.gov](mailto:director@sagadahoccountyme.gov)



*"The Wandering Person Program will be a powerful tool that will not only help us do our job, but also help our deputies and others involved understand and react appropriately to a particular individual's specialized needs."*

Sheriff Joel Merry  
Sagadahoc County Sheriff's Office

Do you have a loved one who wanders?





# Wandering Person Program Intake Form

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

Name Commonly Used: \_\_\_\_\_

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

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

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

Address of Wandering Person: \_\_\_\_\_  
\_\_\_\_\_

Emergency Contact: \_\_\_\_\_

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

Emergency Contact Phone: \_\_\_\_\_

Emergency Contact Address: \_\_\_\_\_  
\_\_\_\_\_

Caseworker (If any): \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

## Recent Photo

( head & shoulders  
taken within the last 12 months )

Write full name &  
DOB on back of photo

Staple photo to form

*School photo is acceptable*

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

Eye color: \_\_\_\_\_ Hair color: \_\_\_\_\_

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

Known Triggers: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Known Calmers: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Health Concerns: Alzheimer's/Dementia \_\_\_ Autism \_\_\_ Diabetes \_\_\_ Other: \_\_\_ Allergies: \_\_\_\_\_

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

### Confidentiality

The information on this Wandering Person Program form is confidential and will be used for the sole purposes of the identification and protection of your loved one in the event of an emergency or crisis situation. By providing this information you give the Sagadahoc County Communication Center permission to share it with other first responders as needed. Other first responder agencies include but are not limited to: Police, Fire, EMS, and 9-1-1 Dispatch personnel.

Form available online at:

[https://www.sagadahoccountyme.gov/departments\\_and\\_services/communications/wandering\\_person\\_program.php](https://www.sagadahoccountyme.gov/departments_and_services/communications/wandering_person_program.php)