

## Client Wandering Database: Intake Form Date:\_\_\_\_\_

NAME commonly used:	
Full Name:  Date of Birth:  Address of Client Residence:	Recent Photo Head & Shoulders
Contact Person:	(Taken within last 12months) School Photo works
Contact Phone #:	Case Worker:
Contact Person Address:	Phone #
	Agency:
KNOWN TRIGGERS:	
KNOWN CALMERS:	
HEALTH ISSUES: Alzheimer's/Dementia Autism Other	ALLERGIES
Form Submitted by Signature :Relation	onship :Phone #

Complete form and upload photo online: http://www.cityofbelfast.org/index.aspx?nid=177

OR: Bring, or mail completed form and photo to: Belfast Police Department, 112 Church St, Belfast ME

Questions/ Need Help: Call Chief Mc Fadden (207)338-5255

All information kept confidential