

# Polus Center for Social & Economic Development, Inc.

## Emergency Fact Sheet

|   |   |                     |   |               |
|---|---|---------------------|---|---------------|
| <b>Name:</b>  |   | <b>Nickname(s):</b> |   |               |
| <b>Current Address:</b>   |   |                     |   |               |
| <b>Former Address:</b>  |   |                     |   |               |
| <b>Height:</b>  | <b>Weight:</b>  | <b>Hair Color:</b>  | <b>Eye Color:</b>                                   |               |
| <b>Gender:</b>  | <b>Age:</b>   | <b>Birthdate:</b>   | <b>Race:</b>  |               |
| <b>Distinguishing Marks:</b>  |   |                     |   |               |
| <b>Legal Competency Status:</b>   |   |                     |   |               |
| <b>If Legal Guardian, Name:</b><br><b>Phone#</b>                                  |   |                     |   |               |
| <b>Family Address (if different):</b>   |   | <b>Phone:</b>       |   |               |
| <b>Day/Work Program Address:</b>  |   | <b>Phone:</b>       |   |               |
| <b>Relevant Emergency/ Medical Information: Allergies, Medication needs, ect.</b> |   |                     |   |               |
| <b>Physician' Name:</b>   |   | <b>Address:</b>     |   | <b>Phone:</b> |
| <b>Language/Communication:</b>  |   |                     | <b>Ability to protect self, without assistance:</b> |               |
| <b>Significant Behavior Characteristics:</b>                                      |   |                     | <b>Likely response to search efforts:</b>           |               |
| <b>Pattern of movement, If previously lost:</b>                                   |   |                     | <b>Places frequented:</b>                           |               |
| <b>Relevant capabilities, limitations, and preferences:</b>                       |   |                     |   |               |
| <b>Probable dress*:</b>   |   |                     |   |               |
| <b>Where and when the individual was last seen*</b>                               |   |                     | <b>Date*</b>  | <b>Time*</b>  |
| <b>Contact Person(s):</b>   |   |                     |   |               |
| <b>Individual's Name:</b>   | <b>COMMONWEALTH OF MASSACHUSETTS<br/>EMERGENCY FACT SHEET</b> |                     |   | <b>Area:</b>  |
| <b>RECORD LOCATION:</b>   |   |                     |   |               |