|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name** | | | | | | | | | | | **Nickname** | | | |  | | | | |
| Tanisha Johnson | | | | | | | | | | | Nisha | | | | Sample image of consumer Tanisha Johnson | | | | |
| **Current Address** | | | | | | | | | | | | | | |
| 45 Shade Street, Treetop MA 00000 | | | | | | | | | | | | | | |
| **Former Address** | | | | | | | | | | | | | | |
| 32 West Street, Oldtown MA 00000 | | | | | | | | | | | | | | |
| **Sex** | **Race** | **D.O.B.** | | **Age\*** | **Height\*** | | **Weight\*** | | **Build** | | | **Hair** | | **Eyes** |
| F | Blk | 2/16/95 | | 22 | 5”5” | | 136 | |  | | | BLK | | BR |
| **Distinguishing Marks** | | | | | | | | | | | | | | |
| None | | | | | | | | | | | | | | |
| **Legal Competency Status** | | | | | | | | | | | | | | |
| Presumed Competent | | | | | | | | | | | | | | |
| **If Legal Guardian, Name** | | | | | | | | | | **Phone** | | | | |
| NA | | | | | | | | | |  | | | | |
| **Address** | | | | | | | | | | **Work** | | | | |
|  | | | | | | | | | |  | | | | |
| **Family Address (if different)** | | | | | | | | | | **Phone** | | | | |
| 2010 East Main Street | | | | | | | | | | 617-000-0000 | | | | |
| Oldtown MA 00000 | | | | | | | | | |  | | | | |  | | | | |
| **Training / Work Program** | | | | | | | | **Address** | | | | | | | | | | **Phone** | |
| Amercare Services | | | | | | | | 13 Main Street Treetop MA 00000 | | | | | | | | | | 617-000-0000 | |
| **Relevant Emergency Medical Information: (Allergies, Medications, etc.)** | | | | | | | | | | | | | | | | | | | |
| Allergies-None Known | | | | | | | | | | | | | | | | | | | |
| Diagnoses-Seizures, ABI | | | | | | | | | | | | | | | | | | | |
| **Physician’s Name** | | | | | | | | **Address** | | | | | | | | | | **Phone** | |
| Dr. Chen Lee | | | | | | | | 504 Lyman Street, Treetop MA 00000 | | | | | | | | | | 617-000-0000 | |
| **Language / Communication** | | | | | | | | | | | | | | | **Ability to protect self w/o assistance** | | | | |
| Speaks and understands English | | | | | | | | | | | | | | |  | | | | |
| Writes and reads English | | | | | | | | | | | | | | | yes | | | | |
| **Significant Behavior Characteristics** | | | | | | | | | | | | | | | **Likely Response To Search Efforts** | | | | |
| None | | | | | | | | | | | | | | | good | | | | |
|  | | | | | | | | | | | | | | |  | | | | |
| **Pattern of Movement (if lost previously)** | | | | | | **Places Frequented** | | | | | | | | | | | | | |
|  | | | | | |  | | | | | | | | | | | | | |
| **Relevant Capabilities:** | | | | | | | **Limitations:** | | | | | | | | **Preferences:** | | | | |
| Independent with ADLs | | | | | | |  | | | | | | | | Enjoys family time, working at florist and going to the gym | | | | |
| **Probable Dress\*** | | | | | | | | | | | | | | | | | | | |
| Shirt and jeans | | | | | | | | | | | | | | | | | | | |
| **Where and When the person was last seen** | | | | | | | | | | | | | | | **Date\*** | | | | **Time\*** |
|  | | | | | | | | | | | | | | | | | | | |
| **Emergency Contacts** | | |  | | | | | | | | | |  | | | |  | | |
| **F****AMILY / GUARDIAN** | | | Rod Johnson. (father) | | | | | | | | | | **DDS** | | | | Margaret Stone, Service Coordinator | | |
| **RESIDENCE** | | | Linda White, Program Manager | | | | | | | | | |  | | | |  | | |
| Note: Asterisked (\*) items are left blank on the original and filled in on copy if and when the individual is lost. Except age, height, and weight which must be recorded at all times on the form. | | | | | | | | | | | | | | | | | | | |
| **NAME** | | | | | | | COMMONWEALTH OF MASSACHUSETTS | | | | | | | | | **AREA** | | | |
| Tanisha Johnson | | | | | | |  | | | | | | | | | Anywhere Area Office | | | |
| **RECORD LOCATION** | | | | | | |  | | | | | | | | |  | | | |
| 45 Shade Street | | | | | | | **EMERGENCY** | | | | | | | | |  | | | |
| Treetop MA 00000 | | | | | | | **FACT SHEET** | | | | | | | | |  | | | |