



APPLICATION

Robert P. Astorino  
County Executive

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Nickname: \_\_\_\_\_ Gender: M \_\_\_\_\_ F \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Current Age: \_\_\_\_\_ Race: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
\_\_\_\_\_ Other Phone #: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Is the person's primary language English? Yes: \_\_\_\_\_ No: \_\_\_\_\_ If "no" primary language: \_\_\_\_\_

How would you evaluate the person's ability to communicate (circle)?

None                  Poor                  Fair                  Good

Identification worn: (jewelry/Medic Alert, clothing tags, ID card, etc): \_\_\_\_\_

**Physical Description:**

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Build: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Hair Color: \_\_\_\_\_ Hair Style: \_\_\_\_\_

Complexion: Fair \_\_\_\_\_ Medium \_\_\_\_\_ Dark \_\_\_\_\_

Does the person wear: Glasses \_\_\_\_\_ Contacts: \_\_\_\_\_ Hearing Aids: \_\_\_\_\_

If yes, are they worn full-time? Explain: \_\_\_\_\_

Distinguishing physical characteristics (birthmark, mole, scar, tattoo, other): \_\_\_\_\_

**Medical/Psychological Information:**

Are there known medical problems? Yes \_\_\_\_\_ No \_\_\_\_\_ Please explain: \_\_\_\_\_

\_\_\_\_\_

Current Medications: Medication                          Dose                          Frequency

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does the person have any known psychological problems? Yes \_\_\_\_\_ No \_\_\_\_\_ Please explain:

\_\_\_\_\_

**Medical/Psychological Care Providers:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Allergies: \_\_\_\_\_

Does he/she have seizures? Yes \_\_\_\_\_ No \_\_\_\_\_

*Project Lifesaver*

**Behavioral Information:**

Is he/she Verbal? Yes \_\_\_\_\_ Limited \_\_\_\_\_ No \_\_\_\_\_  
Method of communication, if non-verbal: sign language, picture boards, written word, etc. \_\_\_\_\_

Does he/she understand speech? Yes \_\_\_\_\_ Limited \_\_\_\_\_ No \_\_\_\_\_  
If verbal, can the person communicate his/her name, address, phone number? Yes \_\_\_\_ No \_\_\_\_  
Is the person particularly sensitive to sensory input? If "Yes", please indicate:  
Loud noises: \_\_\_\_\_ Physical contact: \_\_\_\_\_ Bright lights: \_\_\_\_\_  
If exposed to sensory input, what behaviors might be anticipated? Please explain: \_\_\_\_\_

Does he/she have a special interest in any topic, object or theme? \_\_\_\_\_

Does the person typically carry any articles/items? \_\_\_\_\_

Does he/she self-stimulate? Yes \_\_\_\_\_ Sometimes \_\_\_\_\_ No \_\_\_\_\_  
Explain \_\_\_\_\_

Does he/she engage in self-injurious behaviors? Yes \_\_\_\_\_ Sometimes \_\_\_\_\_ No \_\_\_\_\_  
Explain \_\_\_\_\_

History of Aggression?: Yes \_\_\_\_\_ Sometimes \_\_\_\_\_ No \_\_\_\_\_  
Any fears, anxieties or triggers which upset him/her? If so what? \_\_\_\_\_

**Wandering/Elopement History**

Is there any prior history of the persons becoming lost, wandering or eloping? Yes \_\_\_\_ No \_\_\_\_  
If "Yes", please describe the event(s): \_\_\_\_\_

Location found: \_\_\_\_\_

By whom: \_\_\_\_\_

Actions taken: \_\_\_\_\_

Favorite locations/attractions where person may be found if missing: \_\_\_\_\_

**Habits/Personality**

Does the person smoke: Yes \_\_\_\_\_ No \_\_\_\_\_ Comments: \_\_\_\_\_

Does the person use alcohol? Yes \_\_\_\_\_ No \_\_\_\_\_ Comments: \_\_\_\_\_

Does the person use (illicit) drugs? Yes \_\_\_\_\_ No \_\_\_\_\_ Type? \_\_\_\_\_

Does the person have fears (dogs, cats, people, noises, darkness etc.)? Please indicate: \_\_\_\_\_

Will the person talk to strangers? Yes \_\_\_\_\_ No \_\_\_\_\_

Is the person a danger to self or others? Yes \_\_\_\_ No \_\_\_\_ Please explain: \_\_\_\_\_

Is there any additional information you would like to provide regarding the individual? \_\_\_\_\_

**FAMILY CONTACT INFORMATION**

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

Relationship to Person: \_\_\_\_\_

Address: \_\_\_\_\_

Home Telephone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Home Email: \_\_\_\_\_ Work Email: \_\_\_\_\_

Home Fax: \_\_\_\_\_ Work Fax: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Employer's Phone: \_\_\_\_\_