

## We Can Help



### The Wanderers Database:

Provides a critical network of 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:  
Brodie Hinckley, Director  
**Sagadahoc County Communications Center**  
752 High St, Bath, ME 04530  
207-386-5800  
[director@sagcommunications.com](mailto:director@sagcommunications.com)



**Bath PD:** Chief Michael Field  
250 Water St, Bath, ME 04530



**Phippsburg PD:** Chief John Stroski  
1042 Main Rd, Phippsburg, ME 04562



**Richmond PD:**  
Chief Scott MacMaster, 26 Gardiner St  
Suite 1025, Richmond, ME 04357



**Topsham PD:** Chief Chris Lewis  
100 Main St, Topsham, ME 04086



**Sagadahoc County Sheriff's Office**  
Sheriff Joel Merry  
752 High St, Bath, ME 04530

*"The moments you take to fill out this form today, will assist us in bringing your loved ones back to you."*

Chief McFadden, Belfast PD  
Wandering Database Co-Founder  
(207) 338-2420



## Do You Worry About a Loved One Who Wanders?



Community Partners





# Client Wandering Database: Intake Form

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

**NAME commonly used:** \_\_\_\_\_

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

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

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

Address of Client Residence: \_\_\_\_\_

**Emergency Contact Person:** \_\_\_\_\_

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

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

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

**Case Worker:** (If any) \_\_\_\_\_

Phone #: \_\_\_\_\_

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

**KNOWN TRIGGERS:** \_\_\_\_\_

**KNOWN CALMERS:** \_\_\_\_\_

**HEALTH ISSUES:** Alzheimer's/Dementia \_\_\_\_\_ Autism \_\_\_\_\_ Diabetes \_\_\_\_\_ Other \_\_\_\_\_ **ALLERGIES** \_\_\_\_\_

Form Submitted by **PRINTED NAME:** \_\_\_\_\_ Relationship : \_\_\_\_\_ Phone #: \_\_\_\_\_

**Recent Photo**

Write full name & DOB  
on back of photo

**Staple photo to form**

Head & Shoulders  
(Taken within last 12 months)

School Photo works

Staple Photo to Form

**Height** \_\_\_\_\_ **Weight** \_\_\_\_\_

**Eye color** \_\_\_\_\_ **Hair Color** \_\_\_\_\_

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

**Confidentiality**

The information on this Wandering Database 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 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/9-1-1 and Dispatch personnel.