

<b>Name</b>  <b>Current Address</b>  <b>Phone:</b>  <b>Shared Living Provider</b> <b>Name:</b> <b>Cell:</b> <b>Home:</b>	<div style="background-color: #e0f0ff; padding: 20px; border: 1px solid black;"> <h1 style="margin: 0;">Attach Photo Here</h1> </div>
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Sex	Race	Birth date	Age*	Height *	Weight *	Build	Hair	Eyes	Social Security #	MA ID#	MA Health #
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<b>Distinguishing Marks</b>
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<b>Legal Competency Status</b>
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<b>If Legal Guardian, Name</b>  <b>Address</b>	<b>Phone</b>
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<b>Family Address (if different)</b>	<b>Phone</b>
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<b>Training Program/School Address</b>	<b>Phone</b>	<b>Work Address</b>	<b>Phone</b>
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<b>Relevant Emergency Medical Information: Allergies, Medication needs, etc.</b>
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<b>Physician's Name</b>	<b>Address</b>	<b>Phone</b>
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<b>Language/Communication</b>	<b>Ability to Protect Self, Without Assistance</b>
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<b>Significant Behavior Characteristics</b>	<b>Likely Response to Search Efforts</b>
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<b>Pattern of Movement, if Lost Previously</b>	<b>Places Frequented</b>
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<b>Relevant Capabilities, Limitations, and Preferences</b>
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<b>Probable Dress*</b>
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<b>Where and When the Individual was Last Seen* Date*</b>	<b>Time*</b>
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<b>Contact Person(s)</b> The Arc of Greater Haverhill-Newburyport, Inc. 978-373-0552 Contact Person: Department of Developmental Services 978-521-9432 Contact Person:	Emergency Line: 978-457-4990
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Note: Asterisked (\*) items are left blank on original, and filled in on copy if and when the individual is lost. Except age, height, weight which must be Recorded at all times on the form. These three items may be recorded in pencil.

<b>Name</b> The Arc of Greater Haverhill-Newburyport, Inc. <b>Record Location</b> 57 Wingate St, Suite 301 Haverhill, MA 01832 (978) 373-0552  CCRS F- 1	<b>Commonwealth of Massachusetts</b> <h1 style="margin: 0;">EMERGENCY FACT SHEET</h1>	<div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> <b>Area</b> MVAO         </div> <p><b>Updated:</b> <a href="#">Click here to enter a date.</a></p>
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