



OPERATION LOST & FOUND

Office of the Sheriff – Madera County

Please Return Application to the following office:

Oakhurst Substation

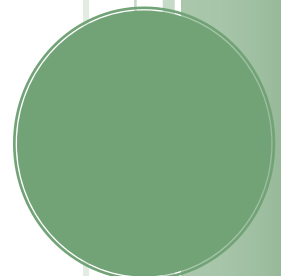
48267 Liberty Drive

Oakhurst, CA 93644

(559)-642-3201

Attention: Search and Rescue Coordinator

Client's Name: _____





OFFICE OF THE SHERIFF

MADERA COUNTY

Jay A. Varney
Sheriff-Coroner

2725 Falcon Drive
Madera, CA 93637
Phone: (559) 675-7770
Fax: (559) 675-8413
E-Mail: sheriff@madera-county.com
File # 4.a.10638

OPERATION LOST & FOUND Application Questionnaire

APPLICATION INSTRUCTIONS: This form is designed for custodial caregivers to provide, in advance, certain information that will be useful to search teams, should the need arise. Providing the information in advance of the need will allow a more effective search response.

CLIENT'S PERSONAL DATA

Date: _____

Client: _____

Address: _____

City/State/Zip: _____

Phone(s): _____

Date of Birth: _____

Nickname(s): _____

Name of Spouse: _____

PRIMARY CAREGIVER

Name: _____

Address: _____ City/State/Zip: _____

Phone(s): _____

Relationship to Client/Patient: _____

MSO Information: Date Received: _____ Date On Program _____ Date Off Program _____ Frequency # _____ Client # _____



PHYSICAL DESCRIPTION

Height: _____ Weight: _____ Build: _____

Hair Color: _____ Hair Style: _____ Eye Color: _____

Facial hair: (beard, sideburns, Etc.) _____

Complexion: _____ Shape of face: (round, square, etc.) _____

Distinguishing marks, scars, tattoos, etc: _____

Does client wear glasses? Yes ___ No ___ Contacts? Yes ___ No ___ Sunglasses? Yes ___ No ___

If yes to any above, please describe: _____

If client wears corrective eyewear, what degree of vision does he/she have without the eyewear?

None ___ Poor ___ Fair ___

General Appearance: _____

PERSONAL DATA QUESTIONNAIRE

Any known physical handicap: _____

Any known medical problems: _____

Medications taken regularly: (please list name of drug and dosage) _____

Consequences of NOT taking medication: _____

Attending Physician: _____

Phone: _____

Any psychological problems: Yes ___ No ___ If yes, describe _____

If client does not understand English, list other language: _____

Does client read and write other language: Read ___ Write ___

Most recent occupation: _____



Most recent employer: _____

Most recent address: (other than listed) _____

PERSONAL ARTICLES NORMALLY CARRIED BY CLIENT

Tobacco products: Yes ___ No ___ Type _____
Brand _____

Candy/Gum: Yes ___ No ___
Brand _____

Matches: Yes ___ No ___ Lighter: Yes ___ No ___
Type/Color _____

Purse/Backpack/Fanny Pack:
(describe) _____

Facial tissue or other pocket/purse
items: _____

Approx. amount of cash and where
carried: _____

Credit cards: Yes ___ No ___

Food
items: _____

Jewelry:
(describe) _____

Watch: Yes ___ No ___ Type _____
Color _____

Other items/keepsakes/medical bracelet or ID regularly
carried: _____

Cane/Walker: _____

PERSONALITY/HABITS



Drink alcohol: Yes ___ No ___ How often _____
Type _____

Hobbies/Interests: _____

Outgoing or quiet? (circle one) Likes group settings or being alone? (circle one)

Ever been in trouble with the law: Yes ___ No ___ If yes,
explain _____

Religious: Yes ___ No ___ What
faith _____

What does client value most? _____

Which family member is client closest
to? _____

Where does that family member
live? _____

Where was client born and
raised? _____

Has client received any letters recently? Yes ___ No ___ From
whom? _____

Will client talk to strangers? Yes ___ No ___

Is client afraid of dogs? Yes ___ No ___ Horses? Yes ___ No ___ The dark? Yes ___ No ___

Noises? Yes ___ No ___ Other
fears? _____

What action taken when hurt? (cry, shout,
etc.) _____

Is the client DANGEROUS to him/herself or others? Yes ___ No ___

If yes,
explain _____

How good is the client's communication ability? NONE/POOR/FAIR/GOOD/EXCELLENT



Anything you would like to add that may help searchers, i.e. likes to hide, will or will not answer when called by name, etc:

EXPERIENCE

Familiar with area? Yes___ No___ How recently? Days___ Months___ Years___

If not local what are other areas known to client? _____

Military experience? Yes___ No___
Describe _____

Does client have access to weapons in the house or elsewhere? Yes___ No___

If yes,
describe _____

Overnight camping experience? Yes___ No___

Has client ever been lost? Yes___ No___

If yes, where and
when _____

Located by searchers or walk out by
his/herself? _____

Location
found _____

Actions
taken _____



Ever go out alone? Yes ___ No ___ Stay on trails? Yes ___ No ___

General athletic
interest/abilities: _____

FAMILY/FRIEND INFORMATION

Other person the client may contact:

Name _____

Relationship: _____

Phone(s): _____

Address _____

Other person the client may contact:

Name _____

Relationship: _____

Phone(s): _____

Address _____

Other person the client may contact:

Name _____

Relationship: _____

Phone(s): _____

Address _____

IF ALZHEIMER'S DISEASE OR OTHER DEMENTIA HAS BEEN DIAGNOSED, ANSWER THE FOLLOWING:

1. Does the client remain oriented to time and person: Yes ___ No ___



Explain _____

2. Does the client recognize familiar locations? Yes ___ No ___

Explain _____

3. Can the client travel to familiar locations? Yes ___ No ___

Explain _____

4. Does the client have decreased knowledge of current events or tend to re-live events in his/her life?
Yes ___ No ___

Explain _____

5. Does the client sometimes clothe him/herself improperly? Yes ___ No ___

Explain _____

6. Does the client remember his/her own name? Yes ___ No ___ Spouse's name? Yes ___ No ___

Children's names? Yes ___ No ___

Explain _____

7. Are the client's sleep patterns frequent? Yes ___ No ___

Explain _____

8. Does the client suffer from frequent personality and emotional changes? Yes ___ No ___

Explain _____

9. Does the client suffer from delusions (sees imaginary visitors, imagines spouse to be imposter)?
Yes ___ No ___