

Please Be Mindful Of:

_____ Name

INSERT PICTURE HERE
IF YOU FEEL COMFORTABLE
SHARING ONE.

Who Has Alzheimer's.

HIS/HER INFORMATION

Age: _____ Height: _____ Weight: _____

Hair: _____ Eyes: _____

What he/she normally wears: _____

Generally, _____ should not be alone.
Name

If you see him/her and he/she does not seem to be accompanied by someone, please don't hesitate to approach him/her and call me.

My Name: _____

My Phone Number: _____ . If you cannot reach me at this number, please call 911 and tell them that you have found my loved one.

Additional Information: _____

For more information, please visit the Autism/IDD/and Alzheimer's Outreach Program at www.montgomerycountymd.gov/AIDD



**MCPD SUPPORTS
AUTISM / ID AWARENESS**

