

## Wandering Letter

Dear	RECIPIENT		,				
Our	is Autistic. Th		eir name is		NAME		·
As of today, weigh	DATE	, they are	AGE	_ years old an	d are _	INCHES	_ in height and
Individuals w	ith Autism can	wander from k	nown loc	ations and fro	m the n	nost super	vised of settings.
and I might pe wants or need	erceive as safe. W						ments that you on communicating
	no wander are lik nents are danger	-	-		or arou	nd traffic.	
	NAME	is prone to	wanderii	ng and therefo	re requi	res careful	supervision.
If you see call me	NAME	unsupervised, please stay with them and immediately (contact information is below).					
In addition, pl	ease <b>call 911</b> ar	nd tell them tha	t you have	e found	NA	ME	
Here is some a	dditional informa	ation about	NA	ME	_ and wa	ays you can	help support them:
Thank you.							

My Contact Information	Autistic Individual
Name:	Name/Nickname:
Phone Number:	Age:
Relationship to Autistic Individual:	Height:
	Weight:
	Photo (optional)