AT-RISK RESIDENT REGISTRATION

Subject Information:
Full Name: _____ Date of Birth: _____

Nicknames: _____ State ID Number: _____

Address: _____

Height: _____ Weight: _____ Race: _____

Sex: _____ Hair Color: _____ Eye Color: _____

Scars/Marks/Tattoos: _____

Obvious Physical Characteristics (glasses, cane, limp, common clothing worn, etc): _____
_____

Medical Diagnosis if relevant : _____
_____

Caregiver/Responsible Party Information:
Name: _____ Relationship: _____

Address: _____

Phone Numbers: _____ Driver's license number: _____

Name: _____ Relationship: _____

Address: _____

Phone Numbers: _____ Driver's license number: _____

Specific Special Needs Information:
Communication:
- Is the individual verbal or non-verbal? _____
- If non-verbal, preferred method of Communication: _____
- Any other information about the individual that may help police to find, interact, and serve the individual? _____
_____
_____
_____

Residents at Risk of Wandering:
- Is there a special interest (outside of their residence) that your loved one is drawn to? (For example: trains, water, woods, parks, malls, traffic, etc.): _____
_____
_____
- Previous addresses where he or she may try locate: _____
- Has the individual previously wandered? If so, where was he or she found? _____
_____
- Is the individual prone to seizures? _____

➢ If there is any additional information you would like to provide to allow us to best serve this individual, please feel free to attach an additional sheet. If you submit this form via email, you may add content in the body of the email message.

I acknowledge that I have voluntarily provided this information for entry into the At-Risk Resident Registry with the understanding it will remain confidential at all times and be released only to police, fire, or medical personnel assisting in the identification, safety, and return of this person if found or reported missing, or otherwise determined to be at-risk by emergency response personnel. I further acknowledge that I have the legal authority to enter the registrant named on this form into the At-Risk Resident Registry.

Printed Name: _____   Relationship: _____

Date: _____

➢ Please provide a quality photo of the individual

Click here if you wish

to submit this form

via email