

# Missing Vulnerable Adult Intake Report

Complete the form, save it on your PC and then attach it to an email and send to: [missingpersons@dcjs.ny.gov](mailto:missingpersons@dcjs.ny.gov) or fax to 518-457-6965.

**Person Completing Form:** Last Name  First Name  Relationship   
Phone  E-mail  Agency (if applicable)

## Caregiver Information:

Last Name  First Name   
Address  City   
State  Zip Code  County/Country  Home Phone   
Work Phone  Cell Phone  E-mail

## Missing Adult Information:

Last Name  First Name  MI:  DOB   
Sex  Race  Height (ft.)  (in.)  Wgt. (lbs.)  Hair Color  Eye Color   
Social Security #  Scars, Tattoos, Piercings   
Address  City   
State  Zip Code  County/Country  Home Phone   
Alias/Nickname:  Maiden Name  Place of Birth   
Cell Phone  Email  Social Media   
Location Last Seen  Date  Time   AM  PM  
Medical, Mental Health Issues, Medications

**Cognitive Impairment:**  Alzheimer's Disease  Autism  Bipolar Disorder  Brain Disorder  Dementia  
 Down Syndrome  Mental Disability  Schizophrenia  Other Specify

**Employment Information:**  Current  Previous *Provide missing person's current employment information Provide previous employment information only if the person is not currently employed.*  
Employer  Employer Address   
Employer Phone  Occupation

## Investigating Law Enforcement Agency Information:

Investigating Police Agency  Investigating Officer's Name   
E-mail  Telephone  Cell Phone   
Agency Case #  Report Date  Other

**Other Information:**

Circumstances which occurred prior to and at the time of the disappearance. If known, include the motivation for wandering away (cognitive impairment)

Has the he/she ever wandered away before?  Yes  No

If so, please provide details (when, where, length of time missing, location found)

Places where the adult lived in the past (e.g., name of municipality, state and street addresses)

Place (e.g., states, cities) that the adult has expressed an interest in visiting or living

If applicable, specify the type of employment last held by the adult and the employer's name and address

Adult's prior encounters with law enforcement and/or the courts (circumstances, locations and approximate dates).

Drug, alcohol or other chemical dependencies

Interests (associations, clubs etc)

Personality, also history of suicidal or aggressive behavior

Regional or foreign accent or language other than English

**Additional Narrative Information:**

**NYS Division of Criminal Justice Service - Missing Persons Clearinghouse**  
80 South Swan Street, Albany, NY 12210  
1-800-346-3543  
518-457-6965 FAX  
missingpersons@dcjs.ny.gov  
www.criminaljustice.ny.gov