



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. or fax to 518-457-6965.

Caregiver Information Daughter Son Mother Father Other Specify

Last Name First Name

Street Address City

State/Zip Code County/Country Home Phone

Work Phone Cell Phone Email

Missing Adult Information Female Male

Last Name First Name MI: DOB

Street Address City

State/Zip Code County/Country Home Phone

Work Phone Cell Phone Maiden Name

Cognitive Impairment Alzheimer's Disease Autism Bipolar Disorder Brain Disorder Dementia

Down Syndrome Mental Disability Schizophrenia Other Specify

Alias/Nickname: Place of Birth Social Security #

Email Social Media

Where Last Seen Date Time

Employment Information Previous Current

Employer Employer Address

Employer Phone Occupation

Investigating Law Enforcement Agency Information

Investigating Police Agency Agency Address

Investigating Officer's Name Telephone Fax

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 adult 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