

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.

Person Completing Form:

Last Name	<input type="text"/>	First Name	<input type="text"/>	Relationship	<input type="text"/>
Phone	<input type="text"/>	E-mail	<input type="text"/>	Agency (if applicable)	<input type="text"/>

Caregiver Information:

Last Name	<input type="text"/>	First Name	<input type="text"/>
Address	<input type="text"/>	City	<input type="text"/>
State	<input type="text"/>	Zip Code	<input type="text"/>
County/Country	<input type="text"/>	Home Phone	<input type="text"/>
Work Phone	<input type="text"/>	Cell Phone	<input type="text"/>
E-mail	<input type="text"/>		

Missing Adult Information:

Last Name	<input type="text"/>	First Name	<input type="text"/>	MI:	<input type="text"/>	Alias/Nickname:	<input type="text"/>	Age:	<input type="text"/>
DOB	<input type="text"/>	Sex	<input type="text"/>	Race	<input type="text"/>	Height (ft.)	<input type="text"/>	(in.)	<input type="text"/>
Wgt. (lbs.)	<input type="text"/>								
Hair Color	<input type="text"/>	Eye Color	<input type="text"/>	Scars, Tattoos, Piercings	<input type="text"/>				
Address	<input type="text"/>	City	<input type="text"/>	State	<input type="text"/>	Zip Code	<input type="text"/>		
Home Phone	<input type="text"/>	Cell Phone	<input type="text"/>	Cell Phone Provider	<input type="text"/>	Email	<input type="text"/>		
Social Media	<input type="text"/>	Place of Birth	<input type="text"/>	SS#	<input type="text"/>				
Maiden Name	<input type="text"/>	Location Last Seen	<input type="text"/>	Date	<input type="text"/>	Time	<input type="text"/>	<input type="checkbox"/> AM	<input type="checkbox"/> PM
Medical, Mental Health Issues, Medications	<input type="text"/>								

Vehicle Information

Year	<input type="text"/>	Make	<input type="text"/>	Model	<input type="text"/>	Plate	<input type="text"/>	Style	<input type="text"/>
Color	<input type="text"/>	Identifying features (damage, bumper sticker, etc.)	<input type="text"/>						

Cognitive Impairment

☐ Alzheimer's Disease ☐ Autism ☐ Bipolar Disorder ☐ Brain Disorder ☐ Dementia

☐ Down Syndrome ☐ Mental Disability ☐ Schizophrenia ☐ Other Specify

Employment Information:

☐ Current ☐ Previous Provide previous employment information only if the person is not currently employed.

Occupation	<input type="text"/>	Employer	<input type="text"/>
Employer Phone	<input type="text"/>	Employer Address	<input type="text"/>

Investigating Law Enforcement Agency Information:

Investigating Police Agency	<input type="text"/>	Investigating Officer's Name	<input type="text"/>
E-mail	<input type="text"/>	Telephone	<input type="text"/>
Cell Phone	<input type="text"/>		
Agency Case #	<input type="text"/>	Report Date	<input type="text"/>
Other	<input type="text"/>		

Other Information:

Circumstances which occurred prior to and at the time of the disappearance. If known, include the motivation for wandering:

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

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

Places where the adult lived in the past (i.e., address, city, state):

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

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, 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