

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