## **AT-RISK RESIDENT REGISTRATION**

Subject I	nformation:			
Full Nam	Name: Date of Birth: names: State ID Number:			
Address:				
Height: _	Weigh	t:	Race:	
	Hair Co	olor:		
	arks/Tattoos:			
Obvious	Physical Characteristics (glasse	es, cane, limp, commo	on clothing worn, etc):	
Medical I	Diagnosis if relevant :			
	r/Responsible Party Informat		hip:	
			ense number:	
Name o		Dolotionsk	lation.	
			hip:	
Address:		Duivou's lies		
Phone in	umbers:	Driver's licer	ense number:	
Specific S	Special Needs Information:			
Commun	nication:			
• Is the	e individual verbal or non-verb	oal?		
• Any	Any other information about the individual that may help police to find, interact, and serve the individual?			
Resident	s at Risk of Wandering:			
• Is the	s there a special interest (outside of their residence) that your loved one is drawn to? (For example:			
train	s, water, woods, parks, malls,	traffic, etc.):		
	Previous addresses where he or she may try locate:			
• Has t	Has the individual previously wandered? If so, where was he or she found?			
• Is the	e individual prone to seizures?	)		

> Please provide a quality photo of the individual

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.

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:	