

Office Use Only

Name



Thumb Print

Right / Left

Please note: Completion of all the following areas is optional.

Office Use Only

NASBH
Code

LAST

FIRST NICK-NAME

MIDDLE DATE OF BIRTH MALE FEMALE

ADDRESS PHONE

MONITORING SERVICE Office Use Only

HAIR COLOR EYE COLOR HEIGHT WEIGHT

RACE Asian Black Indian Latino Hispanic Pacific Islander Unknown Caucasian

DISTINGUISHING MARKS Scar Location Tattoo Location Mark Location Nature of Amputation

PRIMARY LANGUAGE SECOND LANGUAGE GLASSES COLOR CONTACTS

WALKING AID— Type of HEARING AID Left Right DENTURES

CONTACT PERSON

ADDRESS

CELL PHONE HOME PHONE

ALTERNATE PHONE RELATIONSHIP

SPECIAL INFORMATION THAT COULD HELP THE RPD TO RECOGNIZE THIS PERSON

Walks with limp _____ Likes to chat with people _____ Likes to sit on park benches _____

Likes animals _____ Fears animals _____ Fears authority _____

Thinks or believes they _____

Other _____





MEDICAL CONDITION

HEALTH CONCERNS

ALLERGIES _____

MEDICATION URGENCY _____

POSSIBLE LOCATION AND TRANSPORTATION

Bus Taxi Vehicle Bicycle Walk Other: _____

NORMAL TRANSPORTATION

Vehicle Make _____ Color _____ License # _____

FAVORITE DESTINATIONS AND ADDITIONAL INFORMATION

PREVIOUSLY FOUND LOCATION _____

PREVIOUS HOME ADDRESS _____

PREVIOUS EMPLOYMENT _____ FAVORITE PARK _____

FAVORITE STORE _____ HABITS _____

HISTORY OF WANDERING

HABITUAL _____ 1-3 TIMES _____ NONE _____

ENROLLED IN "SAFE RETURN?" Yes No

SCHOOL INFORMATION

Name: _____

Address: _____ Phone: _____

FRIEND'S INFORMATION

Name: _____

Address: _____ Phone: _____

RELATIVE'S INFORMATION

Name: _____

Address: _____ Phone: _____

RELATIVE'S INFORMATION

Name: _____

Address: _____ Phone: _____

ADDITIONAL INFORMATION

SIGNATURE REQUIRED

I acknowledge that I have voluntarily provided this information to the Redlands Police Department with the understanding it will be kept confidential at all times and released only to health care personnel and law enforcement agencies assisting in the return of this person if reported missing, found wandering, or otherwise determined in need by the Redlands Police Department.

Printed name of person providing and acknowledging this agreement:

Signature: _____

Date: _____

