



CONFIDENTIAL INFORMATION:
M.A.R.E.Y.'S Book Application
(Missing At-Risk Elders and Youths)

Check one: Adult Juvenile

Category: (Check all that apply)

- At Risk Prior Missing/Runaway Sexual Exploitation Suspected
Dependent Adult Other

Name: _____

Alias/Nick names: _____

Date of Birth: _____ **Gender:** _____ **Race:** _____

Height: _____ **Weight:** _____ **Eyes:** _____

Hair: _____ **Length:** _____

DL/ID#: _____ **SSN#:** _____

Phone#:(____)_____

Residence Address: _____

Probable Destination: _____

Mental Health Condition/Special Needs:

Medications/Allergies:

Medical Identification/GPS Jewelry:

How GPS Jewelry is tracked, via phone application, computer etc.:



CONFIDENTIAL INFORMATION:
M.A.R.E.Y.'S Book Application
(Missing At-Risk Elders and Youths)

Usual Transportation Sources: (Check all that apply)

Vehicle Bus Foot Friends

Possible Transportation Source Details:

License Plate: _____ **Make:** _____ **Model:** _____

Vin#: _____

Physician: _____ **Phone:** (____) _____

Physician Address: _____

Names of nearest relative of person to contact in case of an emergency:

Name: _____ **Phone:** (____) _____ **Relationship:** _____

Address: _____

Officer: _____ **Badge:** _____ **Date:** _____