



NASSAU COUNTY POLICE DEPARTMENT

Return Every Adult and Child Home



Person at Risk

LAST NAME

FIRST NAME

MIDDLE NAME

NAME TO CALL ME 'NICKNAME'

PRIMARY LANGUAGE

ST. NO

ST. NAME

APT/FLR

CITY

STATE

ZIP

D.O.B.

M D Y

RACE

SEX

HAIR

EYES

HEIGHT (FEET/INCHES)

WEIGHT

CELL PHONE

SCARS/ MARKS/ TATTOOS

DISABILITY

ORGANIZATION

COMMENTS (EXAMPLE: LIFE THREATENING MEDICAL CONDITIONS, FAVORITE PLACES TO VISIT, DRIVER'S LICENSE Y/N)

EMERGENCY CONTACT (1)

LAST NAME

FIRST NAME

RELATIONSHIP

ST. NO

ST. NAME

APT/FLR

CITY

STATE

ZIP

PRIMARY PHONE

SECONDARY PHONE

EMAIL

EMERGENCY CONTACT (2)

LAST NAME

FIRST NAME

RELATIONSHIP

ST. NO

ST. NAME

APT/FLR

CITY

STATE

ZIP

PRIMARY PHONE

SECONDARY PHONE

EMAIL