



# H. E. L. P.

## HELP EVERY LOST PERSON

### REGISTRATION / IDENTIFICATION PLEASE PRINT

LAST NAME	FIRST NAME	MIDDLE	NICKNAME(S)	BIRTHDATE
ADDRESS			HOME TELEPHONE	LANGUAGE SPOKEN
LIKES TO FREQUENT		CA ID/DL #	NAME HE/SHE RESPONDS TO	

### PHYSICAL DESCRIPTORS

AGE OF APPEARANCE	SEX	RACE	COMPLEXION	HEIGHT	WEIGHT	EYE COLOR	HAIR COLOR
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### DISTINGUISHING CHARACTERISTICS

<input type="checkbox"/> BEARD <input type="checkbox"/> MUSTACHE <input type="checkbox"/> BALD <input type="checkbox"/> WIG	<input type="checkbox"/> MOLE <input type="checkbox"/> TATTOO <input type="checkbox"/> BIRTHMARK <input type="checkbox"/> SCAR
<input type="checkbox"/> GLASSES <input type="checkbox"/> CONTACTS <input type="checkbox"/> HEARING AID	LOCATION / DESCRIPTION: _____

### VEHICLE INFORMATION

LICENSE PLATE	YEAR	COLOR	MAKE	MODEL
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### MEDICAL INFORMATION

MEDICAL DIAGNOSIS \_\_\_\_\_

MOBILITY:    NO ASSISTANCE    CANE    WALKER    WHEELCHAIR

IMPAIRED:    HEARING    SPEECH    VISION

MENTAL CAPACITY: \_\_\_\_\_

CRITICAL CONDITION(S) AND/OR MEDICATION(S): \_\_\_\_\_

\_\_\_\_\_

**CONTACT INFORMATION**

PRIMARY CONTACT		SECONDARY CONTACT	
NAME		NAME	
ADDRESS		ADDRESS	
HOME TEL.	RELATION	HOME TEL.	RELATION
CELL PHONE		CELL PHONE	

**ADDITIONAL CONTACTS**

NAME \_\_\_\_\_ RELATION \_\_\_\_\_ TEL. \_\_\_\_\_

NAME \_\_\_\_\_ RELATION \_\_\_\_\_ TEL. \_\_\_\_\_

**ADDITIONAL INFORMATION**

**MONITORING DEVICE**

MONITORING COMPANY AND CONTACT TEL.	IDENTIFICATION #	GPS CAPABILITY <input type="checkbox"/> Yes <input type="checkbox"/> No
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Photograph and H.E.L.P. program participation authorized by :

Name \_\_\_\_\_

Relationship \_\_\_\_\_ Date: \_\_\_\_\_

**PROGRAM STATUS (To be completed by Folsom Police):**

Active/Date \_\_\_\_\_  Active/Date \_\_\_\_\_

Active/Date \_\_\_\_\_

Inactive / Date: \_\_\_\_\_ Reason:  Deceased  Moved