



# At-Risk Identifier Sheet



Name to Call Me	
Full Name	
Date of Birth and Age	
Race/Sex	
Hair and Eye Color	
Height/Weight	
Address	
Cell Phone and Provider	
Diagnosis	
Date Picture was Taken	
Age in Picture	
Vehicle Driven	
<b>Emergency Contacts (Full Name, Address, Phone Number, Cell Phone Number, Relationship)</b>	
Main contact	
Main contact email	
Contact #2	
Contact #3	
Contact #4	
Contact #5	
Additional Important Information (Favorite things, identifying features, or anything that would assist us with locating your loved one)	

When form is complete, please email it as well as a recent digital photo of your loved one to:

[takemehome@miamitwpoh.gov](mailto:takemehome@miamitwpoh.gov)