



R.E.V.A.M.P. Duval
Registry for Endangered, Vulnerable, and Missing Persons



Instructions: Complete this form and email or mail it to Duval County to register an individual for R.E.V.A.M.P. Duval. This form is not required if you have already registered online. Required fields are indicated with an asterisk (*).

Mail: R.E.V.A.M.P. Duval
 515 North Julia St.
 Jacksonville, FL 32202

Email: REVAMP@coj.net

| PERSONAL INFORMATION ABOUT THE REGISTRANT | | | | | | | | | | | |
|----------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-----------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|----------------------------------------------------------|--|--|--|
| *First Name | | | | Middle Name | | | | *Last Name | | | |
| Suffix | | *Date of Birth | | | *Gender (select only one) | <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> Non-Binary | | | | | |
| *Race(s) | <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Multiple Races <input type="checkbox"/> Other | | | | | *Ethnicity | <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino | | | | |
| If multiple races or other, please explain here: | | | | | | | | | | | |
| *Height | Feet: | Inches: | *Weight | lbs | *Hair Color | | | *Eye Color | | | |
| Nicknames/ Maiden Names | | | | | Scars/Marks/Tattoos | | | | | | |
| Does the registrant wear glasses? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | Does the registrant wear hearing aids? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Does the registrant currently (select all that apply): | | | <input type="checkbox"/> Attend School <input type="checkbox"/> Work <input type="checkbox"/> Drive | | | | | | | | |
| If so, please provide the name of the school or place of work here: | | | | | | | | | | | |
| Modes of Transportation | | | <input type="checkbox"/> Bicycle <input type="checkbox"/> City Transportation <input type="checkbox"/> Family Car <input type="checkbox"/> Personal Car <input type="checkbox"/> Motorbike (scooter, moped, motorcycle, etc.) <input type="checkbox"/> Recreational Vehicle (ETV, etc.) <input type="checkbox"/> Other _____ | | | | | | | | |
| Preferred Method of Communication | | | <input type="checkbox"/> Verbal <input type="checkbox"/> Non-Verbal – Sign Language <input type="checkbox"/> Non-Verbal – Written Words <input type="checkbox"/> Non-Verbal – Pictures <input type="checkbox"/> Other _____ | | | | Primary Language Spoken | | | | |
| Current Address | | | | | | | | | | | |



CAREGIVER OR EMERGENCY CONTACT INFORMATION

| | | | | | |
|-------------------|--|---------------------|--|-------------------|-------------------------------------------------------------|
| First Name | | Middle Name | | Last Name | |
| Suffix | | Phone Number | | Phone Type | <input type="checkbox"/> Home <input type="checkbox"/> Cell |
| Email | | | | | |

REGISTRANT MEDICAL INFORMATION

| | | | |
|----------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|--|
| Please list all critical medical conditions or history for the registrant here: | | | |
| Does the registrant take any medication(s)? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Please list all medications for the registrant here: | | | |
| Select all mobility needs that apply to the registrant. | <input type="checkbox"/> Walker <input type="checkbox"/> Cane <input type="checkbox"/> Manual Wheelchair <input type="checkbox"/> Motorized Wheelchair/Scooter <input type="checkbox"/> Other _____ <input type="checkbox"/> No mobility needs | | |
| Do you suspect the registrant has: | <input type="checkbox"/> Autism <input type="checkbox"/> Dementia <input type="checkbox"/> Alzheimer's <input type="checkbox"/> Other _____ | | |
| Has the registrant been formally diagnosed? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Date Diagnosed | |



REGISTRANT BEHAVIOR TRAITS

Select all behavior traits that apply to the registrant.

- Cognitive Impairment Memory Impairment Non-Verbal
- Visual Impairment (Partial or Full) Hearing Impairment (Partial or Full)
- No Sense of Danger Prone to Seizures Sensory Impairment
- Difficulty Performing Familiar Tasks Speech/Language Impairments
- Impairment of Motor Skills Exhibits Violent Behavior
- Exhibits Dramatic Personality Changes Medical Conditions
- Dietary Conditions Easily Upset
- Other _____

Registrant's favorite attractions and locations:

Select all specific "likes" or fascinations that the registrant may be drawn to that may help the search effort:

- Bodies of water like streams, pools, or lakes
- Vehicles like trains, construction equipment, fire trucks, or active roadways/highway vehicles
- Types of sound or music Favorite characters or toys
- Special locations
- Other _____

Does the registrant have any dislikes, fears, or sensory impairments that may hinder the search effort? (e.g., dogs, sirens, lights, shouting, aircraft, uniforms, loud noises, etc.)

Yes No

If so, explain:

Has the registrant ever wandered away in the past?

Yes No

If so, what were the recovery location(s):

SCENT PRESERVATION KIT INFORMATION

Does the registrant need to be issued a Scent Preservation Kit?

Yes No

What is the best time of day to contact you?



REGISTRANT PHOTO

When submitting a R.E.V.A.M.P Duval Registration Form, please upload a digital photo of the registrant online or email it to REVAMP@coj.net.

When uploading a photo of the registrant, make sure the photo is cropped and sized. The uploaded image should have large dimensions and ample space around the registrant's head and torso to allow additional cropping if needed after the form has been submitted.

Photo Basics

Submit one color photo of the registrant that has been taken in the last 6 months.

Please ensure the photo includes a clear image of the registrant's face.

Do not use filters commonly used on social media or illegal activities or inappropriate clothing.

The registrant's photo should not be a selfie.

Authorization for Release of Registrant Information Form

I (signer) authorize the release of the aforementioned information to the City of Jacksonville (COJ) Emergency Preparedness Division and the members thereof to hold for use in the event of an emergency to assist in locating the aforementioned individual should they wander, become lost, or missing. I understand that the use of such information will be for professional purposes only and may be distributed to other City employees/agents who may be utilized in an emergency search/rescue operation. I also understand that some descriptive information may be released to the press if deemed appropriate by police personnel to assist in safely locating said person. I agree to hold harmless all City of Jacksonville Employees and agents thereof who utilize the aforementioned released information in the course of their professional duties.

REQUIRED AUTHORIZATION FOR RELEASE OF REGISTRANT INFORMATION

By Checking the YES box below, I verify that I am the submitter of this registry information. I confirm that I have read the required Authorization for Release of Registrant Information Form (see above).

I am the submitter, and this verifies consent of the information provided.

Yes No

| | | | |
|-------------------------------|--|-----------------------------------|--|
| Name of Submitter | | Relationship to Registrant | |
| Submitter Phone Number | | | |
| Submitter Email | | | |
| Date Submitted | | | |
| Signature of Submitter | | | |