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 (*).

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)**	☐ Male ☐ Female ☐ Transgender ☐ Non-Binary		
***Race(s)**	☐ White ☐ Black ☐ Native Hawaiian/Pacific Islander ☐ Asian/Pacific Islander ☐ Asian ☐ American Indian/Alaskan Native ☐ Multiple Races ☐ Other			***Ethnicity**	☐ Hispanic or Latino ☐ Not Hispanic or Latino		
***Height**	**Feet:** **Inches:**	***Weight**	lbs	***Hair Color**		***Eye Color**	
Nicknames/ Maiden Names				**Scars/Marks/Tattoos**			
Does the registrant wear glasses?	☐ Yes ☐ No			**Does the registrant wear hearing aids?**	☐ Yes ☐ No		

REGISTRANT COMMUNICATION PREFERENCES			
Preferred Method of Being Communicated To	☐ Verbal ☐ Non-Verbal – Sign Language ☐ Non-Verbal – Written Words ☐ Non-Verbal – Pictures ☐ Other		
If Other, please describe here:		**Primary Language Spoken**	
Preferred Method of Responding With	☐ Verbal ☐ Non-Verbal – Sign Language ☐ Non-Verbal – Written Words ☐ Non-Verbal – Pictures ☐ Other		
If Other, please describe here:		**Primary Language Understood**	

This information is for responders when the registrant hasn't been formally diagnosed but exhibits symptoms and behaviors that may assist with identifying them during a missing person call or if the registrants seeks out assistance if lost.

Does the registrant know their own name and able to communicate it to others verbally?	☐ Yes ☐ No ☐ Not Applicable
Does the registrant know their parent(s) names and able to communicate it to others verbally?	☐ Yes ☐ No ☐ Not Applicable
Does the registrant know their current home address and able to communicate it to others verbally?	☐ Yes ☐ No ☐ Not Applicable
Does the registrant know their parent(s) or caregiver(s) phone numbers and able to communicate them to others verbally?	☐ Yes ☐ No ☐ Not Applicable

ADDITIONAL REGISTRANT INFORMATION			
Client is considered	☐ Low-Functioning ☐ Moderate-Functioning ☐ High-Functioning	**Cognitive Functional Age**	
The registrant lives	☐ Alone ☐ With Family ☐ With a Friend ☐ In a Group Setting ☐ In a Medical Facility		
Does the registrant have identification?	☐ Yes ☐ No ☐ Not Applicable		
Does the registrant currently attend school?	☐ Yes ☐ No ☐ Not Applicable		
If so, where?			
Has the registrant attended school in the past?	☐ Yes ☐ No ☐ Not Applicable		
If so, please provide the school names, locations, and dates of attendance:			
Does the registrant currently work?	☐ Yes ☐ No ☐ Not Applicable		
If so, where?			
Has the registrant worked in the past?	☐ Yes ☐ No ☐ Not Applicable		
If so, please list the locations and dates of work:			
Does the registrant currently drive?	☐ Yes ☐ No ☐ Not Applicable		
If not, does the registrant have access to a vehicle?	☐ Yes ☐ No ☐ Not Applicable		
If the registrant has access to a car, please provide any pertinent information here: ***(Make, Model, Year, Color, and License Plate #)***			
Is there any history of the registrant taking a vehicle that does not belong to them?	☐ Yes ☐ No ☐ Not Applicable		
If so, explain:			
Modes of Transportation	☐ Bicycle ☐ City Transportation ☐ Family Car ☐ Personal Car ☐ Motorbike (scooter, moped, motorcycle ,etc.) ☐ Recreational Vehicle (ETV, etc.) ☐ Other		

REGISTRANT FAMILY INFORMATION	
Does the registrant have sibling(s) or other family member(s) with special needs?	☐ Yes ☐ No ☐ Not Applicable
If so, please provide their name(s) here:	
Has the registrant's sibling(s) or other family member(s) wandered away before?	☐ Yes ☐ No ☐ Not Applicable

REGISTRANT CONTACT INFORMATION			
***Phone Number**		**Phone Type**	☐ Home ☐ Cell
***Does the registrant have the capability to send and receive texts on their phone?**			☐ Yes ☐ No
***Email of Registrant (or caregiver)**			

CURRENT HOME ADDRESS					
Street Number		**Street Name**			
Street Type	☐ Ave ☐ Blvd ☐ Cir ☐ Ct ☐ Dr ☐ Exprwy ☐ Ln ☐ Loop ☐ Park ☐ Pkwy ☐ Pl ☐ Plz ☐ Pt ☐ Rd ☐ St ☐ Ter ☐ Trl ☐ Way ☐ Other	**Street Direction**	☐ E ☐ N ☐ NE ☐ NW ☐ S ☐ SE ☐ SW ☐ W		
City		**State**	Florida	**Zip Code**	

PREVIOUS HOME ADDRESS #1					
Street Number		**Street Name**			
Street Type	☐ Ave ☐ Blvd ☐ Cir ☐ Ct ☐ Dr ☐ Exprwy ☐ Ln ☐ Loop ☐ Park ☐ Pkwy ☐ Pl ☐ Plz ☐ Pt ☐ Rd ☐ St ☐ Ter ☐ Trl ☐ Way ☐ Other	**Street Direction**	☐ E ☐ N ☐ NE ☐ NW ☐ S ☐ SE ☐ SW ☐ W		
City		**State**	Florida	**Zip Code**	

PREVIOUS HOME ADDRESS #2					
Street Number		**Street Name**			
Street Type	☐ Ave ☐ Blvd ☐ Cir ☐ Ct ☐ Dr ☐ Exprwy ☐ Ln ☐ Loop ☐ Park ☐ Pkwy ☐ Pl ☐ Plz ☐ Pt ☐ Rd ☐ St ☐ Ter ☐ Trl ☐ Way ☐ Other	**Street Direction**	☐ E ☐ N ☐ NE ☐ NW ☐ S ☐ SE ☐ SW ☐ W		
City		**State**	**Florida**	**Zip Code**	

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EMERGENCY CONTACT INFORMATION					
First Name		**Middle Name**		**Last Name**	
Suffix		**Phone Number**		**Phone Type**	☐ Home ☐ Cell
Email					

EMERGENCY CONTACT ADDRESS			
Street Number		**Street Name**	
Street Type	☐ Ave ☐ Blvd ☐ Cir ☐ Ct ☐ Dr ☐ Exprwy ☐ Ln ☐ Loop ☐ Park ☐ Pkwy ☐ Pl ☐ Plz ☐ Pt ☐ Rd ☐ St ☐ Ter ☐ Trl ☐ Way ☐Other	**Street Direction**	☐ E ☐ N ☐ NE ☐ NW ☐ S ☐ SE ☐ SW ☐ W
City		**State**	**Zip Code**

CAREGIVER/AIDE #1 CONTACT INFORMATION					
First Name		**Middle Name**		**Last Name**	
Suffix		**Phone Number**		**Phone Type**	☐ Home ☐ Cell
Email					

CAREGIVER/AIDE #1 ADDRESS			
Street Number		**Street Name**	
Street Type	☐ Ave ☐ Blvd ☐ Cir ☐ Ct ☐ Dr ☐ Exprwy ☐ Ln ☐ Loop ☐ Park ☐ Pkwy ☐ Pl ☐ Plz ☐ Pt ☐ Rd ☐ St ☐ Ter ☐ Trl ☐ Way ☐Other	**Street Direction**	☐ E ☐ N ☐ NE ☐ NW ☐ S ☐ SE ☐ SW ☐ W
City		**State**	**Zip Code**

CAREGIVER/AIDE #2 CONTACT INFORMATION					
First Name		**Middle Name**		**Last Name**	
Suffix		**Phone Number**		**Phone Type**	☐ Home ☐ Cell
Email					

CAREGIVER/AIDE #2 ADDRESS			
Street Number		**Street Name**	
Street Type	☐ Ave ☐ Blvd ☐ Cir ☐ Ct ☐ Dr ☐ Exprwy ☐ Ln ☐ Loop ☐ Park ☐ Pkwy ☐ Pl ☐ Plz ☐ Pt ☐ Rd ☐ St ☐ Ter ☐ Trl ☐ Way ☐Other	**Street Direction**	☐ E ☐ N ☐ NE ☐ NW ☐ S ☐ SE ☐ SW ☐ W
City		**State**	**Zip Code**

REGISTRANT MEDICAL INFORMATION	
Please list all critical medical conditions or history for the registrant here:	
Does the registrant take any medication(s)?	☐ Yes ☐ No
Please list all medications for the registrant here:	
Does the registrant have any allergies?	☐ Yes ☐ No
If so, please list all allergies for the registrant here:	
Does the registrant have any mobility needs?	☐ Yes ☐ No
Select all mobility needs for the registrant.	☐ Walker ☐ Cane ☐ Manual Wheelchair ☐ Motorized Wheelchair/Scooter

REGISTRANT BEHAVIOR TRAITS	
This information will assist emergency responders when approaching or interacting with the registrant during missing person calls.	
Select all behavior traits that apply to the registrant.	☐ Cognitive Impairment ☐ Memory Impairment ☐ Visual Impairment (Partial or Full) ☐ Hearing Impairment (Partial or Full) ☐ Non-Verbal ☐ 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
If you selected any of the behavior traits above, please describe here:	
Registrant's favorite attractions and locations:	
Registrant's favorite objects/fascinations: ***(Toys, Music, Topics, Likes, etc.)***	

REGISTRANT BEHAVIOR TRAITS	
Registrant's dislikes and fears:	
Registrant may act negatively if:	
Registrant's typical reaction to negative stimuli:	
Does the registrant exhibit any violent behaviors?	☐ Yes ☐ No ☐ Not Applicable
If so, please describe what this behavior looks like, any triggers, and how to respond to the behavior:	

REGISTRANT BEHAVIOR TRAITS	
Registrant's stress response:	
Registrant's self-calming methods:	
Registrant's may act positively if:	
Registrant's unique skills and abilities:	

REGISTRANT BEHAVIOR TRAITS	
Does the registrant have memory or other cognitive losses that affect job skills or daily life?	☐ Yes ☐ No ☐ Not Applicable
If so, explain:	
Does the registrant have difficulty performing familiar tasks?	☐ Yes ☐ No ☐ Not Applicable
If so, explain:	
Does the registrant have problems recognizing once familiar people?	☐ Yes ☐ No ☐ Not Applicable
If so, whom?	
Does the registrant have problems with speech or language?	☐ Yes ☐ No ☐ Not Applicable
If so, explain:	
Does the registrant have problems with motor skills (dressing/eating)?	☐ Yes ☐ No ☐ Not Applicable
If so, explain:	
Is the registrant sometimes disoriented to time and place?	☐ Yes ☐ No ☐ Not Applicable
If so, how often?	
Does registrant sometimes slip back to an earlier time/place?	☐ Yes ☐ No ☐ Not Applicable
If so, when and where?	

REGISTRANT BEHAVIOR TRAITS	
Does the registrant show signs of poor or decreased judgement?	☐ Yes ☐ No ☐ Not Applicable
If so, explain:	
Does the registrant have problems with abstract thinking?	☐ Yes ☐ No ☐ Not Applicable
If so, explain:	
Does the registrant place items in inappropriate places?	☐ Yes ☐ No ☐ Not Applicable
If so, explain:	
Does the registrant exhibit rapid changes in mood or behavior?	☐ Yes ☐ No ☐ Not Applicable
If so, explain:	
Does the registrant exhibit dramatic personality changes?	☐ Yes ☐ No ☐ Not Applicable
If so, explain:	
Does the registrant have problems or issues consistently, or do they vary from day to day or at different times of the day (sundowning)?	☐ Consistently ☐ Varies from day to day ☐ Varies at different times of the day ☐ Not Applicable

REGISTRANT BEHAVIOR TRAITS	
Does the registrant take a specific route to school?	☐ Yes ☐ No ☐ Not Applicable
If so, please describe the route:	
Does the registrant take a specific route to work?	☐ Yes ☐ No ☐ Not Applicable
If so, please describe the route:	
Other routine details:	

REGISTRANT BEHAVIOR TRAITS	
Has the registrant wandered away in the past?	☐ Yes ☐ No ☐ Not Applicable
If so, what were the recovery location(s):	
Does the registrant like to hide in small spaces?	☐ Yes ☐ No ☐ Not Applicable
Other likely hiding spots:	
Is the registrant likely to hide from searchers?	☐ Yes ☐ No ☐ Not Applicable
Please identify any methods that searchers can use to calm the registrant here:	
Is the registrant likely to respond to strangers calling their name?	☐ Yes ☐ No ☐ Not Applicable
If so, please describe here:	
Is the registrant likely to respond if searchers sing their name, favorite song, or say a specific phrase?	☐ Yes ☐ No ☐ Not Applicable
If so, please describe here:	
Is the registrant likely to respond to a specific voice?	☐ Yes ☐ No ☐ Not Applicable
If so, whom?	

REGISTRANT BEHAVIOR TRAITS	
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
If you selected any "likes" or fascinations above, please describe here:	
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 ☐ Not Applicable
If so, explain:	

MEMORY IMPAIRMENT QUESTIONNAIRE			
Do you suspect that the registrant has a memory impairment?		☐ Yes ☐ No ☐ Not Applicable	
If so, please explain here:			
Has the registrant been formally diagnosed with a memory impairment?		☐ Yes ☐ No ☐ Not Applicable	
If so, who diagnosed the registrant?		**Date Diagnosed**	
Does the registrant have a memory care aide or caregiver?		☐ Yes ☐ No ☐ Not Applicable	
Memory Care Aide/Caregiver Name			
Memory Care Aide/Caregiver Agency			
Memory Care Aide/Caregiver Phone Number			
Memory Care Aide/Caregiver Email			

AUTISM QUESTIONNAIRE			
Do you suspect that the registrant has autism?		☐ Yes ☐ No ☐ Not Applicable	
If so, please explain here:			
Has the registrant been formally diagnosed with Autism?		☐ Yes ☐ No ☐ Not Applicable	
If so, who diagnosed the registrant?		**Date Diagnosed**	
Does the registrant have aides or caregivers?		☐ Yes ☐ No ☐ Not Applicable	
If the registrant attends school, do they have a resource specialist?		☐ Yes ☐ No ☐ Not Applicable	
Resource Specialist Name			
Resource Specialist Phone Number			
Resource Specialist Email			

If the registrant has an individualized Education Program (IEP), please email the file to REVAMP@coj.net.

REGISTRANT PHOTO

When submitting a R.E.V.A.M.P Duval Registration Form, please upload a digital photo of the registrant.

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.

***Please attach a current photo of the registrant here (or email a current photo):**	

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			