

Help first responders help the person you love

graymattersalliance.com/reunification

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Complete it before an emergency. Keep it current. Hand it to the first responder on scene.

READ FIRST Responder quick view

Preferred name (what to call them)

How they communicate (check all that apply)

- ☐ Speech
 ☐ Few words
 ☐ AAC device or app
 ☐ Sign language / ASL
 ☐ Pictures
☐ Writing or text
 ☐ Non-speaking

Safety notes for responders (check any that apply)

- ☐ May not understand or follow commands such as “stop” or “show your hands”
☐ May pull away or strike out if touched unexpectedly
☐ Deaf or hard of hearing
 ☐ Blind or low vision

Give them time to answer: wait about ___ seconds, then ask again the same way

Most urgent medical need, and by when

Call first (name and phone)

Equipment that must stay with them

Release

Release only to someone listed in Section 8. Check ID.

1 Who to look for Recent, well-lit, straight-on photo. Update every 6 months or after any change in appearance.

CURRENT PHOTO
Attach or paste here
Date of photo: _____

Full legal name	Preferred name	Age / date of birth
Height	Weight	Eyes
Hair (color, length, style)	Language(s) they understand	
Glasses, hearing aids, mobility device	Diagnosis (optional; behavior matters more)	

Distinguishing features (scars, marks, gait, tattoos, jewelry or hat always worn)

2 Fill in the moment they are missing Leave blank until needed. Call 911 first, then fill this in while you search.

Last seen: where	Time	By whom	Direction of travel, if known

Wearing (top, bottom, shoes, coat, colors)

Carrying (bag, device, comfort item, phone)

3 Where they go and why This is what shortens a search. Be specific.

Has this happened before?

☐ Yes, once
 ☐ Yes, more than once
☐ Never, but at risk

Where were they found? How far? On foot or in a vehicle?

Drawn to (check all that apply)

☐ Water (ponds, creeks, pools, fountains)
 ☐ Roads, traffic, vehicles
 ☐ Trains, tracks, buses
☐ Woods, fields, quiet or dark places
 ☐ Stores, restaurants
 ☐ Former homes, workplaces, or schools

Specific people, addresses, or places (name them)

Favorite places, routines, and what they might be trying to reach

4 Technology that can help locate them Never write passwords or login codes here.

GPS or wearable tracker (brand, account holder)	Their phone number and carrier	Remote support or monitoring provider and phone

Enrolled in a local vulnerable-person or special-needs registry?

☐ Yes
 ☐ No
 Agency and date

Vehicle, if they drive (make, color, plate)

Profile for

Date of birth

Last reviewed

5 How to approach *Read this aloud to every searcher before they go out.*

Will they respond to their name?

☐ Yes ☐ Sometimes ☐ No

If a stranger approaches, they will likely

☐ Hide ☐ Run ☐ Approach ☐ Freeze

What calms them (words, objects, music, a person's voice)

What escalates them (lights, sirens, touch, loud voices, crowds, dogs)

Responder script: say this, do this, do not do this

Example: One calm person approaches. Low voice. Use their name and say "I'm here to help you go home." No flashlight in the face, no surrounding, no shouting. Offer the comfort item.

In their own words: what I want you to know about me

☐ This profile was completed with the person ☐ Completed for the person**6 Medical and time-critical needs** *What becomes urgent, and when.*

Allergies (medications, foods, latex)

Medications (name, dose, time due)

What happens if a dose is missed, and how soon

Medical conditions (seizures, diabetes, heart, breathing)

Swallowing or diet needs (choking risk, tube feeding)

Power-dependent equipment and battery runtime

Signs of pain or distress they may not report

Where medical documents are kept (seizure plan, POLST, advance directive). List the location, not the document.

7 Equipment, service animal, and transportation

Equipment that stays with them, and how to move it

Service animal: name, role, and care needs

Transportation needs (accessible vehicle, transfers)

8 Who to call, who may pick them up, and where to reunify

Home or residence address

Residence phone

Provider or agency on-call number

Primary contact (name, relationship, phone)

Second contact (name, relationship, phone)

Out-of-area contact (name, phone)

Legal guardian or decision-maker, if any

Also authorized to pick them up

Do NOT release to (court order on file?)

Reunification meeting place

Backup meeting place

Pickup code word (share in person only)

Consent to share

I authorize the people and agencies who hold this profile to share it with law enforcement, fire, EMS, emergency management, shelter staff, and search teams, only to locate, assist, and safely reunify the person named above. This authorization ends on the date written here, or one year after signing if left blank: ----- . I can cancel it at any time by telling the provider or agency in writing.

Signed by: ☐ The person ☐ Legal guardian ☐ Authorized representative

Signature

Printed name

Date

Keep it private. This page holds health information and a photo. Keep copies at home, in the go-bag in a sealed envelope, and with local law enforcement where a registry exists. Never post it online or send it by regular email. Shred old versions. Review every 6 months.