



**Layla's Hope** 

*Building relationships,  
making connections, finding  
the lost to bring back  
hope!*

A Program of Mental Health  
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# YOUTH/YOUNG ADULT ID KIT

## HOW TO USE THIS KIT

When searching for a missing/runaway youth/young adult, the most useful tools for law enforcement are an up-to-date, quality photograph and descriptive information. Complete this Missing Youth/Young Adult Kit by attaching a recent photograph and a list of all identifying and medical information. Update the photograph and information every 6 months, and keep the Kit in a secure, accessible location.

## IF YOUR YOUTH/YOUNG ADULT IS MISSING SEARCH:

- ✓ Nearby Hospitals, Churches, Homeless Shelters And Libraries
- ✓ Outside Buildings
- ✓ Vehicles - Including Trunks
- ✓ Friends And Acquaintances
- ✓ Check Out Social Media
- ✓ Closets
- ✓ Hang Out Spots
- ✓ Any other place you feel they may be at.



**Immediately call your local law-enforcement agency and provide them with your up-to-date ID Kit.**



**After you have reported your youth/young adult missing to law enforcement, if they are under the age of 18 call the National Center for Missing & Exploited Children® at 1-800-THE-LOST® (1-800-843-5678). If they are over the age of 21 register them with the National Missing and Unidentified Persons System (NamUs)**



Place Photo  
Here

Last Name: \_\_\_\_\_

First/Middle Name: \_\_\_\_\_

Nickname: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Hang Outs

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Personal Information

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

State: \_\_\_\_\_ County: \_\_\_\_\_

Physical Characteristics

Sex:    ☐ Male    ☐ Female    ☐ Transgender Male  
☐ Transgender Female    ☐ Other: \_\_\_\_\_

Race/Ethnicity: \_\_\_\_\_

Hair Color: \_\_\_\_\_

Hair Type: \_\_\_\_\_

Eye Color: \_\_\_\_\_

Height	Weight	Date

Distinguishing Characteristics

Has/Wears:    ☐ Hat    ☐ Glasses    ☐ Braces  
☐ Piercing    ☐ Tattoos \_\_\_\_\_  
☐ Birth Mark \_\_\_\_\_    ☐ Hair Coloring \_\_\_\_\_  
☐ Other: \_\_\_\_\_

Special Needs: \_\_\_\_\_

Other: \_\_\_\_\_

## Medical Information

Physicians Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Blood Type: \_\_\_\_\_

Allergies/Conditions: \_\_\_\_\_

Medications: \_\_\_\_\_

\_\_\_\_\_

## Emergency Contact(s)

Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

Work Number: \_\_\_\_\_

Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

Work Number: \_\_\_\_\_

## Friends/Acquaintances *(use additional pages if needed)*

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

**Additional Information**





# FINGERPRINT ID CARD

RIGHT THUMB	RIGHT INDEX	RIGHT MIDDLE	RIGHT RING	RIGHT LITTLE
LEFT THUMB	LEFT INDEX	LEFT MIDDLE	LEFT RING	LEFT LITTLE