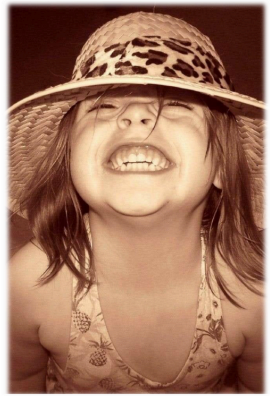

Layla's Hope

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

A Program of Mental Health Transformation Alliance (MHTA)
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276.274.7068

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