



111 West Ocean Boulevard Suite 400 Long Beach, CA 90802 USA
support@findhomelesspeople.org

Name: _____

AKA: _____ Date of Birth: _____

Eye Color: _____ Hair Color: _____ Height: _____

Social Security Number: _____ Driver's License Number: _____

Last confirmed location(s): _____

Phone: _____

Contact person or contact organization: _____

Health Status: _____ Mental Health Status: _____

Tattoos: _____ Religious Affiliation: _____

Known Hang Out Locations: _____

Are They Receiving Any Private, Public or Government Aid: _____

Description: _____

Signature

Date

Disclaimer:

We only collect information that you voluntarily give us by filling up this form or direct contact from you. We will not sell or rent this information to anyone. By providing us with your personal information, you consent to our collection, use and disclosure of that information.

If you have submitted personal information to us and wish to withdraw your consent to its retention, use or disclosure, please send us by email at support@findhomelesspeople.org. If you withdraw your consent, we may not be able to provide some services to you.