

MARCH 2013

AGENCY CHECKLIST FOR SILVER ALERT REQUEST

1. HAS AN INITIAL INVESTIGATION BEEN COMPLETED TO ELIMINATE OTHER POSSIBLE REASONS TO EXPLAIN THE PERSON'S DISAPPEARANCE (VISITING FRIENDS, UN-ANNOUNCED VACATION, TRYING TO GET AWAY FROM RELATIVES ETC)? _____ (Y/N)

2. HAS THE PERSON BEEN ENTERED INTO IDACS / NCIC AS MISSING ENDANGERED? IF A VEHICLE IS INVOLVED, WAS THE VEHICLE DATA (PLATE #, VIN, VEHICLE COLOR) ENTERED INTO THE RECORD? _____ (Y/N)

3. HAS CREDITABLE MEDICAL AUTHORITY (**MEDICAL DOCTOR, PHYSICIAN'S ASSISTANT, OR NURSE PRACTITIONER**) ATTESTED TO ONE OF THE FOLLOWING, STATEMENTS (FILL IN THE BLANKS):

A. DUE TO MENTAL IMPAIRMENT, THE INDIVIDUAL CANNOT FIND HIS OR HER WAY BACK TO THEIR RESIDENCE WITHOUT ASSISTANCE FROM LAW ENFORCEMENT.

NAME OF MEDICAL AUTH _____ **DATE** _____ **TIME** _____
PERSON WHO SPOKE TO MEDICAL AUTH _____

B. DUE TO PHYSICAL OR MENTAL IMPAIRMENT, OR LACK OF MEDICATION, THIS INDIVIDUAL IF DRIVING COULD BE A DANGER TO THEMSELVES OR OTHERS.

NAME OF MEDICAL AUTH _____ **DATE** _____ **TIME** _____
PERSON WHO SPOKE TO MEDICAL AUTH _____

C. DUE TO PHYSICAL OR MENTAL IMPAIRMENT, OR LACK OF MEDICATION, THIS INDIVIDUAL COULD BE A DANGER TO THEMSELVES OR OTHERS.

NAME OF MEDICAL AUTH _____ **DATE** _____ **TIME** _____
PERSON WHO SPOKE TO MEDICAL AUTH _____

ANY ADDITIONAL CLARIFICATION ON THE ABOVE CAN BE OBTAINED BY CONTACTING THE STATE AMBER / SILVER ALERT CENTER AT 317-234-4636.

AFTER YOU FAX (317-233-3057) OR EMAIL (silveralert@isp.IN.gov) THE SILVER ALERT REQUEST FORM AND THIS CHECKLIST, CONTACT THE AMBER / SILVER ALERT CENTER AT THE ABOVE NUMBER AND ADVISE THEM THAT YOU HAVE SENT THE REQUEST.