



# **Virginia's "Senior Alert" Plan**

*Law Enforcement User's Guide*

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## **SUMMARY**

The Virginia "Senior Alert" (VSA) Plan created by legislation in the 2007 General Assembly provides a valuable tool for Virginia law enforcement agencies to help locate missing "senior adults," while allowing the broadcasters of Virginia an opportunity to contribute to the communities they serve. We are hopeful that Virginia's "Senior Alert" Plan will assist in recovering missing Senior Adults who may be in great danger. This plan is available for use by all Virginia law enforcement agencies and can be used as their primary "Senior Alert" Plan or as a supplement to a local plan.

## **Definitions:**

*Missing senior adult: an adult whose whereabouts are unknown and who is over 60 years of age and suffers a cognitive impairment to the extent that he is unable to provide care to himself without assistance from a caregiver, including a diagnosis of Alzheimer's Disease or dementia, and whose disappearance poses a credible threat as determined by a law-enforcement agency to the health and safety of the adult and under such other circumstances as deemed appropriate by the Virginia State Police.*

*Senior alert: the notice of a missing senior adult provided to the public by the media or other methods under a Senior Alert Agreement.*

## **Statutory Authority:**

[§ 52-34.5](#). *Establishment of the Virginia Senior Alert Program.*

*The Virginia State Police shall develop policies for the establishment of uniform standards for the creation of Senior Alert Programs throughout the Commonwealth. The Virginia State Police shall (i) inform local law-enforcement officials of the policies and procedures to be used for the Senior Alert Programs; (ii) assist in determining the geographic scope of a particular Senior Alert; and (iii) establish procedures and standards by which a local law-enforcement agency shall verify that a senior adult is missing and shall report such information to the Virginia State Police.*

*The establishment of a Senior Alert Program by a local law-enforcement agency and the media is voluntary, and nothing in this chapter shall be construed to be a mandate that local officials or the media establish or participate in a Senior Alert Program.*

[§ 52-34.6](#). *Activation of Senior Alert Program upon an incident of a missing senior adult.*

*A. Upon receipt of a notice of a missing senior adult from a law-enforcement agency, the Virginia State Police shall confirm the accuracy of the information and provide assistance in the activation of the Senior Alert Program as the investigation dictates.*

*B. Senior Alerts may be local, regional, or statewide. The initial decision to make a local Senior Alert shall be at the discretion of the local law-enforcement official. Prior to making a local Senior Alert, the local law-enforcement official shall confer with the Virginia State Police and provide information regarding the missing senior adult to the Virginia State Police. The decision to make a regional or statewide Senior Alert shall be at the discretion of the Virginia State Police.*

*C. The Senior Alert shall include the missing senior adult information as defined in [§ 15.2-1718.1](#) and any other such information as the law-enforcement agency deems appropriate that will assist in the safe recovery of the missing senior adult.*

*D. The Senior Alert shall be cancelled under the terms of the Senior Alert Agreement. Any local law-enforcement agency that locates a missing senior adult who is the subject of an alert shall notify the Virginia State Police immediately that the missing senior adult has been located.*

## Criteria for the Activation of the Plan

1. The missing senior adult whereabouts are unknown, is over 60 years of age and;
2. Suffers a cognitive impairment to the extent that he or she is unable to provide care for their self without assistance from a caregiver, including a diagnosis of Alzheimer's Disease or dementia, and;
3. Whose disappearance poses a credible threat as determined by a law-enforcement agency to the health and safety of the adult and under such other circumstances as deemed appropriate by the Virginia State Police.
4. A law enforcement investigation has taken place that verified the senior adult is missing and eliminated alternative explanations by a thorough search of the immediate area if vehicular travel is not involved as a mode of travel for the adult.
5. Sufficient information regarding the missing senior adult is available to disseminate to the public that could assist in locating the missing senior adult or their vehicle.
6. The missing senior adult must be entered into the Virginia Criminal Information Network (VCIN), the National Crime Information Center (NCIC) missing person files and information reported to the Virginia Missing Person Information Clearinghouse in the prescribed format.
7. A photograph of the missing senior adult must be provided to the Virginia Missing Person Information Clearinghouse on the prescribed forms or agency equivalent.

**If all of the aforementioned criteria are not met, the Virginia "Senior Alert" Plan will not be activated however information can still be provided to the media.**

## **“Senior Alert” Requirements for All Law Enforcement Agencies**

1. **CONFIRMATION.** Law enforcement agencies are required to confer with the VMPC/State Police prior to activation of a local “Senior Alert”. Once the investigating agency has contacted and provided the Virginia Missing Person Information Clearinghouse (VMPC) with the required information, the requesting agency will only be required to submit updated information and notify the VMPC of the recovery of the missing senior adult or cancellation of the alert.
2. **INVESTIGATION POLICY**
  - a. **AGENCY POLICY.** Agencies must follow their intra-departmental policy regarding the actual investigation process involving missing person incidents within their jurisdiction.
  - b. **ACTIVE.** An investigation must be ongoing and active prior to requesting the Virginia Senior Alert activation.
  - c. **VCIN/NCIC.** The agency must have entered the missing person into the VCIN/NCIC systems.
3. **POINT OF CONTACT.** The agency must designate at least one officer as a point of contact for the VMPC to communicate with during the incident.
4. **PHONE CAPABILITY**
  - a. The agency must have an assigned telephone number capable of rolling over to at least two separate lines to take telephone calls if the Virginia “Senior Alert” Plan is activated, or have made arrangements with the Virginia Missing Person Information Clearinghouse to take the telephone calls and forward the information to the law enforcement agency.
  - b. The agency must have volunteers or personnel to receive telephone calls for a minimum of 24-hours or until the alert is canceled, or have made arrangements with the Virginia Missing Person Information Clearinghouse to handle these duties.
5. **NECESSARY INFORMATION.** Upon activation of the agency’s or Virginia’s “Senior Alert” Plan, the following information must be immediately submitted to the Virginia Missing Children Information Clearinghouse:
  - a. A photograph of the missing person.
  - b. Required information listed in the Virginia “Senior Alert” Activation forms or Agency form, and as set forth in the Virginia “Senior Alert” Plan.
  - c. Updated information regarding the case. The VMPC will disseminate the pertinent information to participating television and radio stations.
  - d. Immediate notification that the missing “senior adult” has been located, or upon closure of the case. The VMPC will notify all components of the Virginia “Senior Alert” (VSA) Plan regarding the termination of the VSA.
6. **TERMINATION.** Agencies must notify VMPC using the appropriate form if the investigation is terminated within 12 hours.
7. **SP-67 FORM.** The Agency must submit the completed SP-67 or equivalent agency form.

## **VMPC “SENIOR ALERT” ACTIVATION PROCESS**

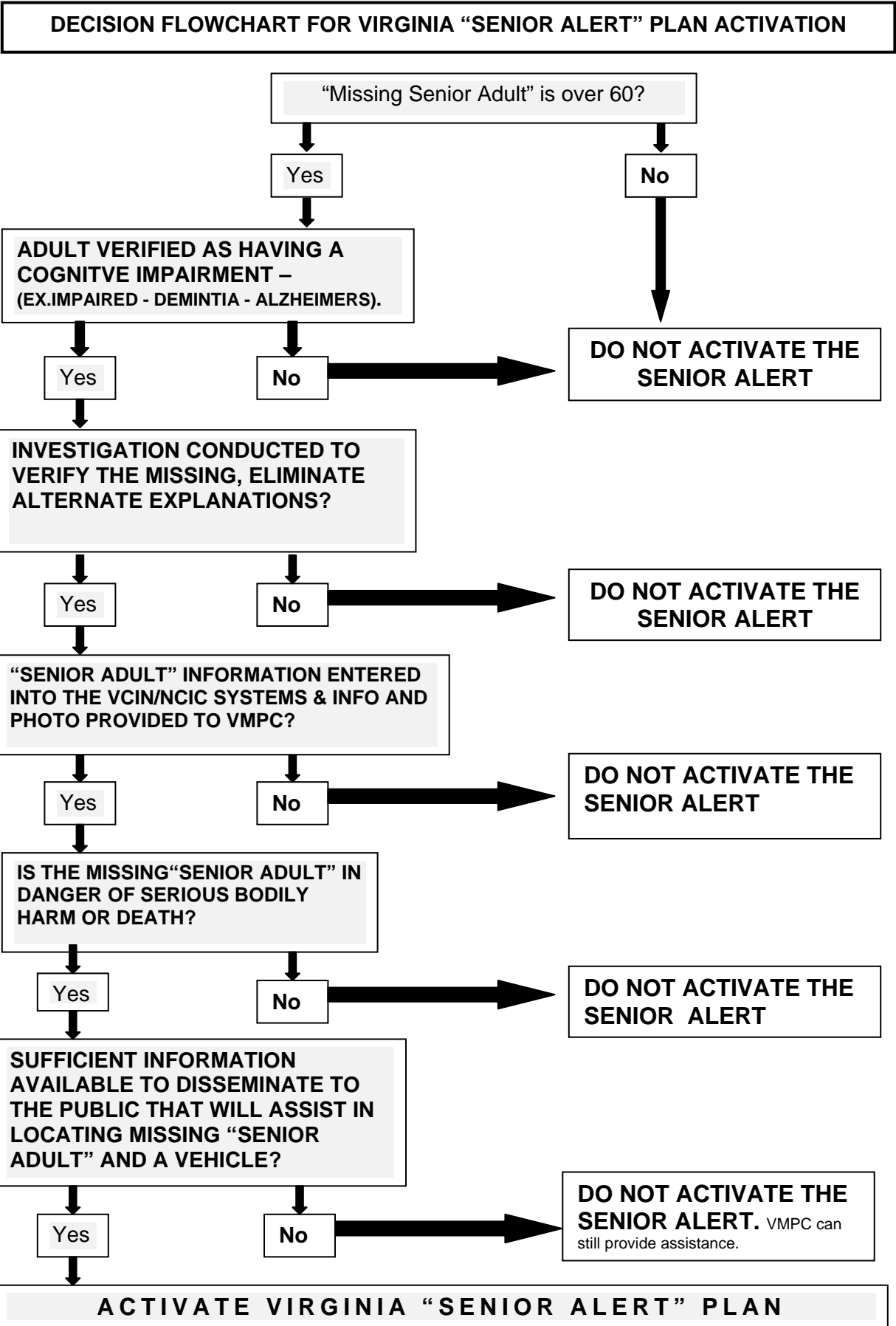
Activation of the Virginia “Senior Alert” Plan must be initiated through the Virginia State Police VMPC. Once the agency receives a report that meets the established age criteria, the following process shall be followed:

1. Complete the included pre-established Virginia “Senior Alert” form packet and forward to the Virginia Missing Person Information Clearinghouse.
2. Notify VMPC by telephone and immediately confirm our receipt of the packet information. If you should have any difficulties transmitting information, designate a department contact for VMPC (include a name and telephone number on the standardized facsimile form).
3. Forward the most current photograph of the missing “senior adult” immediately and forward all incident details or summaries to the Virginia Missing Person Information Clearinghouse [dutysgthq@vsp.virginia.gov](mailto:dutysgthq@vsp.virginia.gov). The electronic image of the photograph must be in Joint Photographic Experts Group (JPEG) format.

**Telephone #: 804-674-2026**

**Forms only - Facsimile #: 804-674-6704**

4. The Virginia State Police will contact any/all broadcasting companies through email and facsimile message upon approval to activate the Virginia “Senior Alert” Plan” The Virginia State Police will provide supplemental information by email and facsimile with a detailed summary of the missing “senior adult”, and forward a copy of their photograph to any/all broadcasting companies.



# **APPENDIX A**

## **VIRGINIA “SENIOR ALERT” AGENCY REQUEST FORMS**



# Virginia "Senior Alert" Agency Request Form

## Incident Information

**Date Missing:** \_\_\_\_\_ **Time Reported Missing:** \_\_\_\_\_  
(mm/dd/yy) (hh:mm)

**Location of Incident - last known location:**

\_\_\_\_\_  
(Description)

**Direction of Travel/Destination:** \_\_\_\_\_  
(City, State, Subdivision)

**Vehicle Description:** \_\_\_\_\_  
(Make, Model, Year, Color, License Plate Number and State of Issue)

**Missing "Senior Adult"** (Complete an additional page for each adult reported missing)

**Name:** \_\_\_\_\_  
(Last, First, MI)

**Gender:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **Race:** \_\_\_\_\_  
(Male/Female) (mm/dd/yy or Approx. Year) (Include all Types)

**Height:** \_\_\_\_\_ **Weight:** \_\_\_\_\_ **Hair:** \_\_\_\_\_ **Eyes:** \_\_\_\_\_  
(Feet/Inches) (Lbs.) (Style and Color) (Color)

## Clothing:

**Shirt:** \_\_\_\_\_  
(Type, Long or Short Sleeve, Color)

**Pants:** \_\_\_\_\_  
(Type and Color)

**Shoes:** \_\_\_\_\_  
(Type and Color)

**Other:** \_\_\_\_\_  
(Type and Color)

**Outerwear:** \_\_\_\_\_  
(Type and Color)

**Additional Significant Identifiers:** \_\_\_\_\_  
\_\_\_\_\_

**Medical Needs:** \_\_\_\_\_

*OBTAIN A PHOTOGRAPH OF THE MISSING SENIOR ADULT, AND E-MAIL TO THE  
VIRGINIA MISSING PERSON INFORMATION CLEARINGHOUSE  
[dutysqthq@vsp.virginia.gov](mailto:dutysqthq@vsp.virginia.gov)*

**Details:** \_\_\_\_\_  
\_\_\_\_\_

**Virginia "Senior Alert" Agency Request Form**

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**CONTACT ORGANIZATION:**

**Sheriff's Office or Police Department:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_ **Facsimile Number:** \_\_\_\_\_

**Pager Number:** \_\_\_\_\_ **Cellular Telephone Number:** \_\_\_\_\_

**Date and Time Submitted:** \_\_\_\_\_

# Virginia "Senior Alert" Agency Request Form

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## AUTHORIZATION FOR RELEASE OF ADULT INFORMATION

For a period of one year from the execution of this form, the undersigned authorizes full disclosure of all records concerning the missing adult to any agent of the state of Virginia, Virginia State Police, or any individual or entity assigned by the Virginia State Police, whether the records are of a public, private, internal, or confidential nature. I direct the release of such information regardless of any agreement I may have made to the contrary with any entity or individual to whom the missing adult's information is released or presented. The intent of this authorization is to give my consent for full and complete disclosure of potentially confidential information. Additionally, I understand the duty of the Virginia State Police to release any information to the proper authorities and make other reports as may be mandated by law. I also certify that any person(s) who may furnish such information concerning the missing adult shall not be held accountable for giving this information; and I do hereby release such person(s) from any and all liability which may be incurred as a result of furnishing such information. I further release the Virginia State Police, Virginia Broadcasters Association and its agents, and designees under this release, from any and all liability which may be incurred as a result of furnishing such information. A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature. I have read and fully understand the contents of this "Authorization for Release of Information."

### PLEASE PRINT OR TYPE:

---

Last Name, First Name, Middle Initial

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Current Address, House Number/Box Number Street Name/Rural Route, City, State, Zip Code

**Signature :** \_\_\_\_\_

### LIABILITY AGREEMENT:

I hereby agree the information I have provided to you acting as an agent of the state of Virginia, Virginia State Police, Virginia Broadcasters Association or any individual or entity assigned by the Virginia State Police, to be truthful, factual, and correct. As the guardian or caregiver for the missing adult, I am aware that in order for the Virginia State Police to activate the Virginia "Senior Alert," the following criteria must be met:

1. The missing senior adult is 60 years of age or older, and
2. The guardian/caregiver **must reasonably believe** the missing senior adult has a cognitive impairment, dementia or Alzheimer's and **is in danger** of serious bodily harm or death.

I am also aware I may be charged criminally for committing the crime of knowingly providing false information to law enforcement authorities. I have read and fully understand the contents of this "Liability Agreement."

### PLEASE PRINT OR TYPE:

---

Last Name, First Name, Middle Initial

---

Current Address, House Number/Box Number Street Name/Rural Route, City, State, Zip Code

**Signature :** \_\_\_\_\_

## Virginia "SENIOR" Termination Form

**We are terminating the "Senior Alert" originated by our agency. Please broadcast the following information as necessary.**

### Text Follows

The "Senior Alert" which was transmitted earlier for

(*Full name*) \_\_\_\_\_, missing from

(*Street*) \_\_\_\_\_ in

(*City or County*) \_\_\_\_\_, has been

canceled. The "Senior Alert" for (*Full name*) \_\_\_\_\_

\_\_\_\_\_ has been canceled.

### Text Ends

**Originating Agency:** \_\_\_\_\_