

# "TAKE ME HOME" PROGRAM



## PERSON'S INFORMATION

NAME: \_\_\_\_\_ NAME TO CALL ME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ HAIR COLOR: \_\_\_\_\_ EYE COLOR: \_\_\_\_\_

GLASSES:  YES  NO COLOR: \_\_\_\_\_ STYLE: \_\_\_\_\_

RACE: \_\_\_\_\_ SEX: \_\_\_\_\_ HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

HOME PHONE NUMBER: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

DISABILITY:  Alzheimer's  Autistic-Verbal  Autistic-Non Verbal  Deaf  Mentally Disabled

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

## EMERGENCY CONTACT INFORMATION

1	Name:	Phone:
	Address:	Cell ph:
2	Name:	Phone:
	Address:	Cell ph:
3	Name:	Phone:
	Address:	Cell ph:
4	Name:	Phone:
	Address:	Cell ph:

**Additional Questions:**

1. What is the address where your loved one spends the majority of their time?
2. Diagnosis of the registered person:
3. List all medications taken by registered person:
4. Are any of these medications time sensitive?
5. Is there a special interest (outside of their residence) that your loved one is drawn to?  
(For example: trains, water, woods, parks, malls, traffic, etc.)
6. Has your loved one ever run away or been reported as missing? If so, where was he/she found?

7. Does the registered person fear Police or Fire-EMS personnel or emergency vehicles?  
Explain in detail.
  
8. Is the registered person verbal or non-verbal? Explain in detail.
  
9. Name of caregivers, parents, grandparents, or other family members involved in your loved one's life.
  
10. If your loved one becomes confrontational, how could Officers or Rescue Personnel calm them without your presence?
  
11. Please explain any other important information that we may need to know that might assist us in not triggering a violent response from your loved one.
  
12. Does your loved one have any triggers, ie: lights, sirens, loud radio noise?

13. Please explain in detail any other important information we may need to know that might assist us in assisting your loved one.

My signature below constitutes an affirmation under oath that I am legally responsible for the person named above for whom I have provided information, and that I consent to have this information shared among law enforcement personnel for enrollment in the "Take Me Home" program.

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**Signature / Date**

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**Witness**