

### Take Me Home Program

#### Subject Information

Name: \_\_\_\_\_  
Last First Middle

Name to call me: \_\_\_\_\_

Race: \_\_\_\_\_ Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair: \_\_\_\_\_ Eyes: \_\_\_\_\_

Home Address: \_\_\_\_\_

Disability:  Alzheimer's  Autism  Deaf  Mentally Disabled  Other: \_\_\_\_\_

Organization:  ARC  Council on Aging  Autistic Foundation  Other: \_\_\_\_\_

#### Emergency Contact Information

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell Ph: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell Ph: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell Ph: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell Ph: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell Ph: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

My signature below constitutes an affirmative 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.

\_\_\_\_\_  
Signature/Date

\_\_\_\_\_  
Witness

## Take Me Home Program

### Information Specific to the Individual

Favorite attractions or locations where the individual may be found:

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Atypical behaviors or characteristics of the individuals that may attract the attention of responders:

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Individual's favorite toys, objects, music, discussion topics, likes or dislikes:

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Method of preferred communication (if nonverbal: Sign language, picture boards, written words, etc):

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Method of preferred communication (if verbal: preferred words, sounds, songs, phrases they may respond to):

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Identification Information (i.e., Does the individual carry or wear jewelry, tags, ID card, medical alert bracelets, etc.):

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Tracking information (Does the individual have an EmFinders or LoJack SafetyNet Transmitter number?):

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