

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: _____

Email Address: _____

Name: _____ Phone: _____ Cell Ph: _____

Address: _____ Relationship: _____

Email Address: _____

Name: _____ Phone: _____ Cell Ph: _____

Address: _____ Relationship: _____

Email Address: _____

Name: _____ Phone: _____ Cell Ph: _____

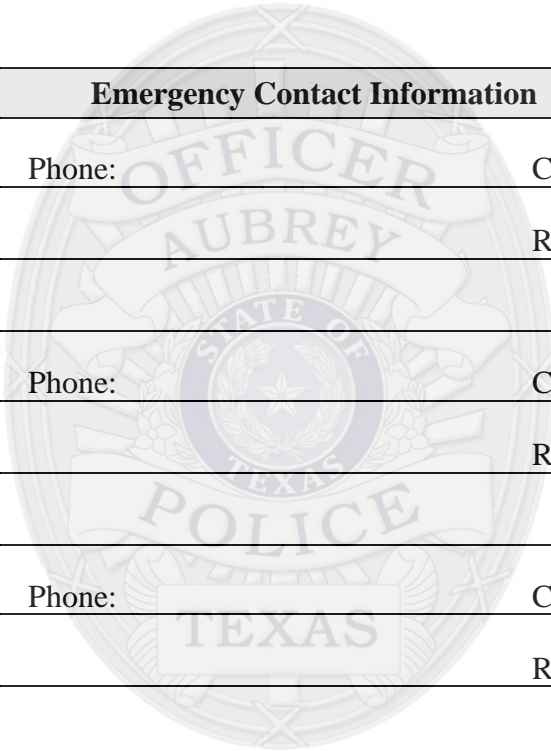
Address: _____ Relationship: _____

Email Address: _____

Name: _____ Phone: _____ Cell Ph: _____

Address: _____ Relationship: _____

Email Address: _____



Take Me Home Program

Information Specific to the Individual

Favorite attractions or locations where the individual may be found:

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

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

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

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

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

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

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