



Project **"TAKE ME HOME"**

Waco Police Department



SUBJECT INFORMATION

Name: _____ Name to Call Me: _____

Date of Birth: _____ Hair Color: _____ Eye Color: _____

Race: _____ Sex: _____ Height: _____ Weight: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____ Telephone: _____

Disability: Alzheimer's Autism Spectrum Disorder Other: _____

Intellectual/Developmental Disability: _____

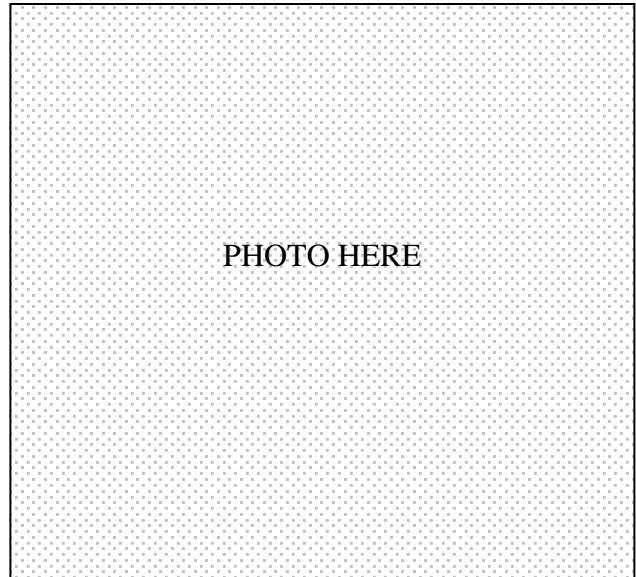
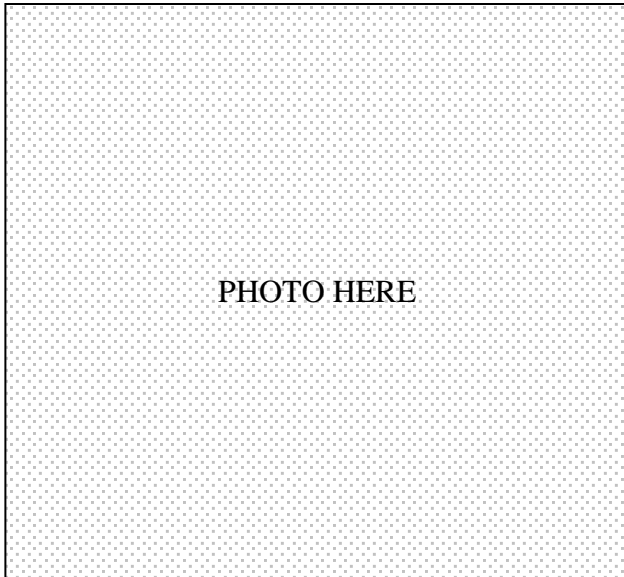
EMERGENCY CONTACT INFORMATION

1 Name: _____ Phone: _____ Cell Ph: _____

Address: _____ Relationship: _____

2 Name: _____ Phone: _____ Cell Ph: _____

Address: _____ Relationship: _____



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.

Signature / Date

Witness

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 attention:

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

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

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?):

Likes/Dislikes including approach and de-escalation techniques:

Return Form by USPO to: Waco Police Department 3115 Pine Ave Waco, Texas 76708

Attn: Emergency Communication Center

in person at the Waco Police Department 3115 Pine Ave (formerly the Hillcrest Medical Tower)

or email to: WPD911@WACOTX.GOV