



# 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: \_\_\_\_\_

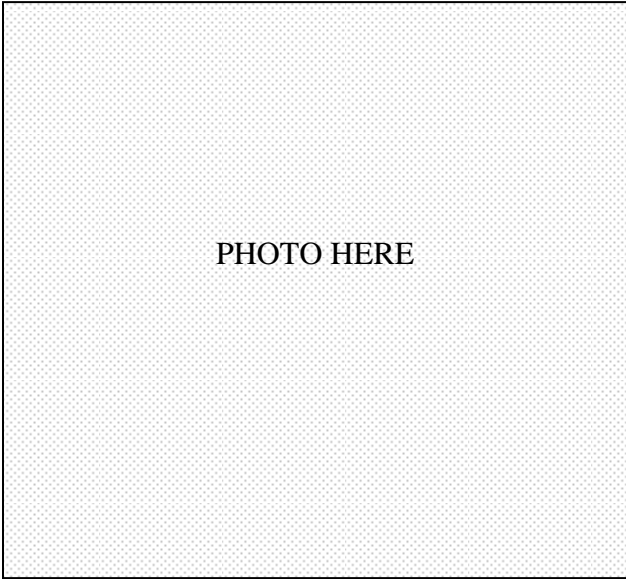
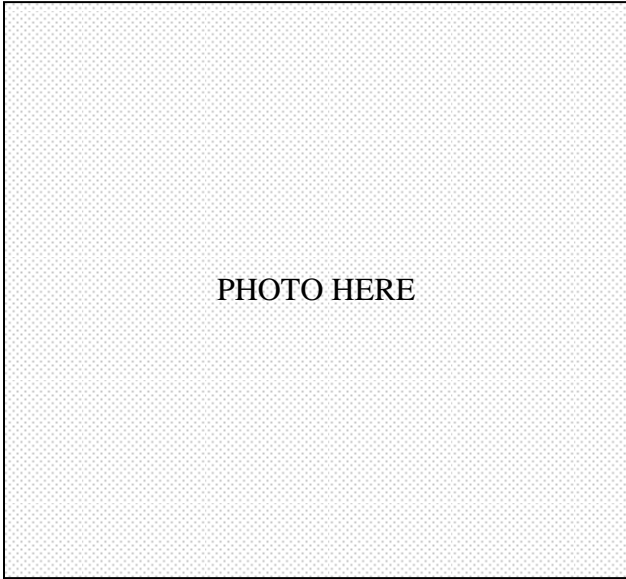
## EMERGENCY CONTACT INFORMATION

**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:

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

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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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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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Likes/Dislikes including approach and de-escalation techniques:

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Return Form by USPO to: Waco Police Department PO BOX 2570 Waco, Texas 76701  
Attn: Communication Center  
or in person at the Waco Police Department 721 N. 4<sup>th</sup> (N.4<sup>th</sup> and Waco Dr.)