



# TAKE ME HOME PROGRAM



## DEMOGRAPHIC INFORMATION

LAST NAME:		FIRST NAME:		MIDDLE NAME:	
HOME ADDRESS:					
CITY:		STATE:	ZIP:	COUNTY:	
DOB:	GENDER:		RACE:	ETHNICITY:	
HEIGHT:	WEIGHT:		HAIR COLOR:	EYES COLOR:	
CONTACT PHONE NUMBER(S):					
SCARS, TATTOOS, BIRTHMARKS, GLASSES, FACIAL HAIR, NICKNAMES, AND OTHER IDENTIFYING TRAITS:					

## DISABILITY OR DIAGNOSIS

- ☐ AUTISM (ASD) \_\_\_\_\_  
☐ ALZHEIMER'S \_\_\_\_\_  
☐ DEMENTIA \_\_\_\_\_  
☐ DOWN SYNDROME \_\_\_\_\_  
☐ HEARING IMPAIRMENT \_\_\_\_\_  
☐ INTELLECTUAL DISABILITY \_\_\_\_\_  
☐ PHYSICAL DISABILITY \_\_\_\_\_  
☐ OTHER: \_\_\_\_\_

MEDICATIONS:	CAN THEY BE WITHOUT THE MEDICATIONS: YES NO
DOCTOR/HOSPITAL NAME:	PHONE NUMBERS:

## METHODS OF COMMUNICATION

<input type="checkbox"/> <b>VERBAL</b>	DESCRIBE BEST METHODS OR FORMS OF COMMUNICATION:
<input type="checkbox"/> <b>LIMITED</b>	DESCRIBE BEST METHODS OR FORMS OF COMMUNICATION:
<input type="checkbox"/> <b>NON-VERBAL</b>	DESCRIBE BEST METHODS OR FORMS OF COMMUNICATION:

**LANGUAGE(S) SPOKEN (INCLUDING ASL):**

**OTHER WAYS OF COMMUNICATING:**

- ☐ **COMMUNICATION BOARD**
- ☐ **TABLET**
- ☐ **OTHER SPECIALIZED DEVICE** \_\_\_\_\_

## TRAITS AND CHARACTERISTICS

<b>ARE THEY A RUNNER:</b> <input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/> <b>SOMETIMES</b>	<b>EXPLAIN THEIR FAVORITE PLACES TO GO TO, THINGS TO DO (PLAYGROUNDS, WOODS), ETC:</b>
<b>DO THEY WANDER:</b> <input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/> <b>SOMETIMES</b>	<b>EXPLAIN THEIR FAVORITE PLACES TO GO TO, THINGS TO DO (PARKS, CREEKS), ETC:</b>
<b>DO THEY HAVE TRIGGERS:</b> <input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/> <b>SOMETIMES</b>	<b>EXPLAIN THEIR TRIGGERS/DISLIKES AND WHAT HELPS (LOUD NOISES REQUIRE EARMUFFS), ETC:</b>
<b>DO THEY STIM:</b> <input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/> <b>SOMETIMES</b>	<b>EXPLAIN THEIR WAYS TO STIM: DO THEY USE OBJECTS, ROCK, YELL, ETC:</b>

**ITEMS OF COMFORT:**

- ☐ YES  
☐ NO  
☐ SOMETIMES

**EXPLAIN THEIR FAVORITE ITEMS OF COMFORT (WEIGHTED BLANKET, STUFFED ANIMAL, FIDGET TOYS, ETC):**

**SPECIAL INTERESTS:**

- ☐ YES  
☐ NO  
☐ SOMETIMES

**EXPLAIN THEIR SPECIAL INTERESTS:**

**PLEASE LIST ANY OTHER INFO YOU FEEL IS IMPORTANT FOR FIRST RESPONDERS TO BE AWARE OF:**

**DOES YOUR VEHICLE HAVE SEATBELT COVERS OR STICKERS TO ALERT FIRST RESPONDERS A FAMILY MEMBER INSIDE HAS AUTISM OR OTHER DISABILITIES?**

- ☐ YES  
☐ NO  
☐ YES, BUT THE ALERT IS NOT VISIBLE

**TRACKING INFORMATION:**

- ☐ MEDICAL BRACELET \_\_\_\_\_
- ☐ ID BRACELET \_\_\_\_\_
- ☐ EMFINDER \_\_\_\_\_
- ☐ LOJACK SAFETYNET \_\_\_\_\_
- ☐ ANGELSENSE \_\_\_\_\_
- ☐ OTHER \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION

LAST NAME:

FIRST NAME:

MIDDLE NAME:

HOME ADDRESS:

CITY:

STATE:

ZIP:

PHONE:

EMAIL:

RELATIONSHIP:

EMPLOYER CONTACT WITH PHONE NUMBER (FOR EMERGENCIES ONLY):

LAST NAME:

FIRST NAME:

MIDDLE NAME:

HOME ADDRESS:

CITY:

STATE:

ZIP:

PHONE:

EMAIL:

RELATIONSHIP:

EMPLOYER CONTACT WITH PHONE NUMBER (FOR EMERGENCIES ONLY):

LAST NAME:

FIRST NAME:

MIDDLE NAME:

HOME ADDRESS:

CITY:

STATE:

ZIP:

PHONE:

EMAIL:

RELATIONSHIP:

EMPLOYER CONTACT WITH PHONE NUMBER (FOR EMERGENCIES ONLY):

## MEMORY CARE/DAYCARE/THERAPY CENTER

FACILITY NAME:

PHONE NUMBER:

ADDRESS:

CONTACT:

<b>FACILITY NAME:</b>	<b>PHONE NUMBER:</b>
<b>ADDRESS:</b>	<b>CONTACT:</b>
<b>FACILITY NAME:</b>	<b>PHONE NUMBER:</b>
<b>ADDRESS:</b>	<b>CONTACT:</b>
<b>FACILITY NAME:</b>	<b>PHONE NUMBER:</b>
<b>ADDRESS:</b>	<b>CONTACT:</b>
<b>FACILITY NAME:</b>	<b>PHONE NUMBER:</b>
<b>ADDRESS:</b>	<b>CONTACT:</b>

I understand that the TAKE ME HOME program is free, voluntary, and all information is maintained within the Willow Park Police Department. I hereby affirm that I am legally responsible for the named person above for whom I have provided information.

I consent to have this information shared among law enforcement personnel for enrollment in the TAKE ME HOME program.

X \_\_\_\_\_  
Primary Contact/Parent/Guardian Signature

Date: \_\_\_\_\_

#### OFFICIAL USE ONLY

ENTERED INTO RMS ON: \_\_\_\_/\_\_\_\_/\_\_\_\_

RENEWAL DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

ENTERED BY: \_\_\_\_\_ ID# \_\_\_\_\_