



FRISCO POLICE DEPARTMENT

TAKE ME HOME

PROGRAM

SUBJECT INFORMATION

NAME		DATE OF BIRTH	
PREFERRED NAME/NICKNAME			AGE
RACE	SEX	HEIGHT	WEIGHT
HAIR COLOR	EYE COLOR	GLASSES?	
OTHER DISTINGUISHING MARKS OR CHARACTERISTICS			
HOME ADDRESS			
CITY	STATE	ZIP CODE	PHONE
DISABILITY	ALZHEIMER'S	AUTISTIC	DEAF/HARD OF HEARING
			MENTALLY DISABLED
			OTHER (EXPLAIN BELOW)
PLEASE EXPLAIN			

EMERGENCY CONTACT INFORMATION

1	NAME	PHONE
	ADDRESS	RELATIONSHIP TO SUBJECT
2	NAME	PHONE
	ADDRESS	RELATIONSHIP TO SUBJECT
3	NAME	PHONE
	ADDRESS	RELATIONSHIP TO SUBJECT
4	NAME	PHONE
	ADDRESS	RELATIONSHIP TO SUBJECT

BACKGROUND INFORMATION

ARE THERE SPECIAL INTERESTS (OUTSIDE OF THEIR RESIDENCE) THAT YOUR LOVED ONE IS DRAWN TO? (EXAMPLES: TRAINS, WATER, WOODS, PARKS, MALLS, TRAFFIC, ETC.)

HAS YOUR LOVED ONE EVER RUN AWAY OR BEEN REPORTED AS MISSING? IF SO, WHERE WERE THEY FOUND?

IS YOUR LOVED ONE VERBAL OR NONVERBAL? PLEASE EXPLAIN.

DOES YOUR LOVED ONE FEAR POLICE OR FIRE/EMS PERSONNEL OR EMERGENCY VEHICLES? PLEASE EXPLAIN.

DOES YOUR LOVED ONE HAVE ANY TRIGGERS? (EXAMPLES: LIGHTS, SIRENS, LOUD RADIO NOISE, ETC.)

IF YOUR LOVED ONE BECOMES CONFRONTATIONAL, HOW COULD POLICE AND FIRE/EMS PERSONNEL CALM THEM WITHOUT YOUR PRESENCE?

NAMES OF CAREGIVERS, PARENTS, GRANDPARENTS, OR OTHER FAMILY MEMBERS INVOLVED IN YOUR LOVED ONE'S LIFE.

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 SIGNATURE
PRINTED NAME		PRINTED NAME
EMAIL ADDRESS		