

# Take Me Home Program

This form helps first responders quickly identify and safely assist an individual who may need help finding their way home. The information provided is used only to support emergency response.



## Individual Being Registered This section is for the person being enrolled in the Take Me Home program.

Full Name:

Name to Call Me:  State ID # (if applicable):

Date of Birth:  Age:  Race:  Sex:

Height:  Weight:  Hair Color:  Eye Color:  Glasses?

### Other Distinguishing Marks of Characteristics:

Home Address:

City:  State:  Zip:  Individual's Cell Phone:

Disability:  Alzheimer's  Autistic  Deaf  Mentally Disabled  Other:

Organization:  ARC  Council on Aging  Autistic Foundation  Other:

## Emergency Contact Information

Name:  Relationship:  Phone #:

Address:  City:  State:

Name:  Relationship:  Phone #:

Address:  City:  State:

Name:  Relationship:  Phone #:

Address:  City:  State:

## Information Specific to the Individual

### Diagnosis of the registered individual:

Is the registered individual verbal or non-verbal? Explain in detail.

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

Names of caregivers or family members actively involved in the individual's life:

## Information Specific to the Individual Cont.

What is the address where your loved one spends the majority of their time?

Is there a special interest (outside of their residence) that the individual is drawn to?

(For example: trains, water, woods, parks, malls, traffic, etc.)

Has the individual ever run away or been reported as missing? If so, where were they found?

Does the individual fear Police, Fire, or EMS personnel or emergency vehicles? *Explain in detail.*

If the individual becomes confrontational, how can First Responders calm them without you present?

Does the individual have any known triggers? (lights, sirens, loud radio noise)

Any other information that may help responders avoid a violent response from the individual:

Please explain any other information that may help responders assist the individual.

Please include a current digital photograph of the individual

## Consent and Acknowledgment

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: \_\_\_\_\_

## Submission Options:

**Click Here  
to Send Completed Form:**

Email completed forms to **CCSODISPATCH@CollinCountyTX.gov**  
or deliver in person to:

Collin County Sheriff's Office  
4300 Community Ave.  
McKinney, TX 75071