



Project "TAKE ME HOME"

BELLMead 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: _____

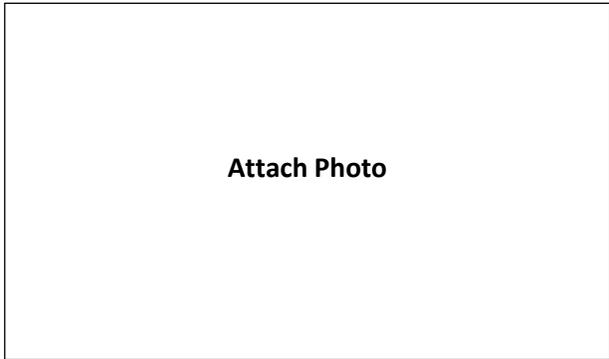
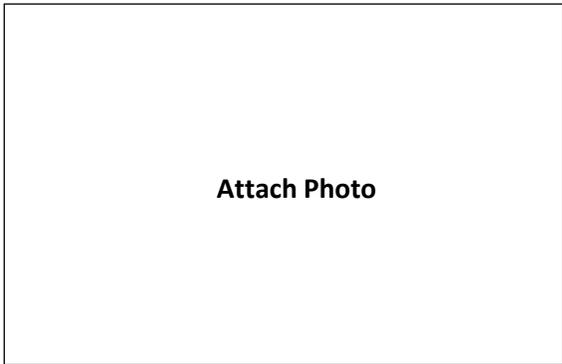
EMERGENCY CONTACT INFORMATION

Name: _____ Phone: _____ Cell Phone: _____

Address: _____ Relationship: _____

Name: _____ Phone: _____ Cell Phone: _____

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 bracelet, etc?):

Tracking information (Does the individual have a Emfinders or LoJack safetyNet transmitter number?):

Likes/Dislikes including approach and de-escalation techniques:

Return form by United States Postal Office to : Bellmead Police Department 701 Maxfield, Bellmead, TX 76705

ATTN: Community Service Officer or

In person at the Bellmead Police Department located at 701 Maxfield, Bellmead, TX 76705 or email bkinsey@bellmead.com