**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:

1. Name: Phone: Cell Ph:

 Address: Relationship:



PHOTO HERE



PHOTO HERE

 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 bracelets, etc.?):

Tracking information (Does the individual have an EmFinders or LoJack SafetyNet Transmitter number?):

Likes/Dislikes including approach and de-escalation techniques:

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Return Form by **mail** or **in-person**:

Beverly Hills Police Department, 3418 Memorial Drive, Beverly Hills Texas 76711

Attn: Beverly Hills Police Department

**By e-mail:** ssteiner@bevelyhillstx.gov