



# Take Me Home, Keep Me Safe Project.

## INDIVIDUAL'S INFORMATION

Name: \_\_\_\_\_ Name to Call Me: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Race: \_\_\_\_\_ Sex: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

I don't live in Leicester but I'm often at: \_\_\_\_\_

This is my: ☐ School \_\_\_\_\_ ☐ Relatives: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

I am: ☐ Verbal ☐ Non- Verbal

Disability: ☐ Autistic ☐ Alzheimer's ☐ Deaf/Hearing Impaired ☐ Developmentally Disabled

☐ Physically Disabled: \_\_\_\_\_ ☐ Medically Disabled: \_\_\_\_\_

☐ Other: \_\_\_\_\_

I don't like: \_\_\_\_\_

I do like: \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION

1 Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Cell Ph: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

2 Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Cell Ph: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

3 Physician Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Cell Ph: \_\_\_\_\_

Relationship: \_\_\_\_\_  
Usual Hospital Seen at: \_\_\_\_\_

Address: \_\_\_\_\_

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

Printed Name / Date



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Individual's Name & Date of Birth: \_\_\_\_\_  
(First) (M.I.) (Last) (Date of Birth)

Please insert a photo(s) of the individual here.

Please provide one face shot and one full body shot.

Photo(s) do not need to fit perfectly into box.

## Information Specific to the Individual:

Does the individual live alone? ☐ Yes ☐ No

If no who do they live with? \_\_\_\_\_ Relationship: \_\_\_\_\_

Method of preferred communication: ☐ English ☐ Other language: \_\_\_\_\_

If non-verbal: ☐ ASL ☐ Picture Boards ☐ Written Words ☐ Electronic Device

☐ Other: \_\_\_\_\_

If verbal, preferred words, sounds, songs, or phrases that the individual may respond to: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_



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Other relevant medial conditions:

- ☐ No Sense of Danger    ☐ Blind    ☐ Deaf/Hearing Impaired    ☐ Prone to Seizures  
☐ Cognitive Impairment    ☐ Developmentally Disabled    ☐ Other (Please Specify below)

Favorite attractions/locations where the individual may be found if lost (Example: The mall, library, grandparents' house, or friend's home. Please provide addresses if not a public location):

Prescription medication(s) needed: \_\_\_\_\_

Sensory or dietary Issues: \_\_\_\_\_

Behaviors or characteristics of the individual that may attract attention: \_\_\_\_\_

Individual's favorite toys, objects, music, discussion topics: \_\_\_\_\_





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Identification information (Examples: Medical bracelets, electronic devices (include web address), GPS, tattoos, birth marks, or scars):

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How will they react to Police, EMT's, Fire Fighters, and other First Responders: \_\_\_\_\_

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What is the best way to approach them: \_\_\_\_\_

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Any other information you wish to share with First Responders: \_\_\_\_\_

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Please contact Chief Ken Antanavica with any questions or concerns at 508-892-2010 ext. # 2010 or via e-mail at [Antanavica@leicesterpd.org](mailto:Antanavica@leicesterpd.org) (Subject: Take Me Home/ Keep Me Safe.)