

Sachse Police Department

Bryan Sylvester, Chief of Police



“TAKE ME HOME” PROGRAM



PERSON'S INFORMATION

Name: _____ Name to Call Me: _____

Date of Birth: _____ Hair Color: _____ Eye Color: _____

Glasses: _____

Race: _____ Sex: _____ Height: _____ Weight: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____ Telephone: _____

Disability: Alzheimer's Autistic Deaf Mentally Disabled

Other: _____

EMERGENCY CONTACT INFORMATION

1	Name: _____	Phone: _____
	Address: _____	Cell Ph: _____
2	Name: _____	Relationship: _____
	Address: _____	Phone: _____
3	Name: _____	Cell Ph: _____
	Address: _____	Relationship: _____
4	Name: _____	Phone: _____
	Address: _____	Cell Ph: _____
		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

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1. What is the address where your loved one spends the majority of their time?
2. Diagnosis of the registered person:
3. Lists all medications taken by registered person:
4. Are any of these medications time sensitive?
5. Is there a special interest (outside of their residence) that your loved one is drawn to? (For example: trains, water, woods, parks, malls, traffic, etc.).
6. Has your loved one ever run away or been reported as missing? If so, where was he/she found?
7. Does the registered person fear Police or Fire-EMS personnel or emergency vehicles? Explain in detail.

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

9. Name of caregivers, parents, grandparents, or other family members involved in your loved one's life.

10. If your loved one becomes confrontational, how could Officers or Rescue Personnel calm them without your presence?

11. Please explain any other important information that we may need to know that might assist us in not triggering a violent response from your loved one.

12. Does your loved one have any triggers, ie: lights, sirens, loud radio noise?

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13. Please explain in detail any other important information we may need to know that might assist us in assisting your loved one.