



# FULTON COUNTY

## TAKE ME HOME PROGRAM

In partnership with the  
Prosecuting Attorney, Sheriff and Board of DD



Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

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

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ County: \_\_\_\_\_ Zip: \_\_\_\_\_

Diagnosis: (Check one)  Alzheimer's  Autism  Deaf  Cognitive Ability

Other: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

Information a Law Enforcement Officer should know (Calming techniques/words, Behaviors, Language Level):

\_\_\_\_\_

\_\_\_\_\_

### Contact #1

Name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Cell Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

### Contact #2

Name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Cell Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

### Contact #3

Name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Cell Phone: \_\_\_\_\_ 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. Please contact us annually to update the picture and any other information that has changed. If you have additional questions, please Email Robin Shepherd at rshepherd@fultoncountyoh.com (for those affiliated with Board of DD) or 911@fultoncountyoh.com (If not affiliated with the Board of DD).

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ (Please keep a copy for your records)