

# "Take Me Home" Registry

## Registration Form

Registration Date: \_\_\_\_\_

Person being registered

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Suffix: \_\_\_\_\_

Preferred name to call the registrant: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_

Home address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Race: \_\_\_\_\_ Gender:  Male  Female Date of Birth: \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Hair color: \_\_\_\_\_ Eye color: \_\_\_\_\_ Hair length/style: \_\_\_\_\_

Complexion: \_\_\_\_\_ Facial hair: \_\_\_\_\_ Glasses:  Yes  No

Marital Status:  Married  Divorced  Single  Separated  Widowed

Diagnosis: (check all that apply)

<input type="checkbox"/> ADHD	<input type="checkbox"/> Alzheimer's/Dementia	<input type="checkbox"/> Autism / Aspergers
<input type="checkbox"/> Blind / Low Vision	<input type="checkbox"/> Brain Injury	<input type="checkbox"/> Cerebral Palsy
<input type="checkbox"/> Deaf / Low Hearing	<input type="checkbox"/> Diabetic	<input type="checkbox"/> Down Syndrome
<input type="checkbox"/> Epilepsy/Seizures	<input type="checkbox"/> Intellectual Disability	<input type="checkbox"/> Mental Illness
<input type="checkbox"/> Other Brain Illness	<input type="checkbox"/> Other Developmental Disability	<input type="checkbox"/> Other Mental Disability
	<input type="checkbox"/> Physical Disability	

Home Type: (select one)

<input type="checkbox"/> Adult residential	<input type="checkbox"/> Assisted living	<input type="checkbox"/> Elder residential
<input type="checkbox"/> Foster home	<input type="checkbox"/> Group home	<input type="checkbox"/> Independent living
<input type="checkbox"/> Intermediate care	<input type="checkbox"/> Lives with family	<input type="checkbox"/> Lives with roommate(s)
<input type="checkbox"/> Skilled nursing	<input type="checkbox"/> State development center	

Communications Factors: (check all that apply)

<input type="checkbox"/> Assisted communications	<input type="checkbox"/> Hearing difficulty
<input type="checkbox"/> Language other than English	<input type="checkbox"/> Non-communicative
<input type="checkbox"/> Non-verbal	<input type="checkbox"/> Picture communications system
<input type="checkbox"/> Sign language ASL	<input type="checkbox"/> Speech difficulty
<input type="checkbox"/> Verbal	

Medication Endanger:  Yes  No Spoken languages in order of fluency: \_\_\_\_\_

Wander tendency:  Yes  No Commonly worn items: \_\_\_\_\_

Medical or psychological issues: \_\_\_\_\_

Approach suggestions: \_\_\_\_\_

Noted behaviors: \_\_\_\_\_

Registrant name: \_\_\_\_\_

**Special Considerations**

Check all that apply:

<input type="checkbox"/> Combative	<input type="checkbox"/> Combative if restrained	<input type="checkbox"/> Disrobes/prefers nudity
<input type="checkbox"/> Fears dogs	<input type="checkbox"/> Hugs	<input type="checkbox"/> Light sensitive
<input type="checkbox"/> Noise sensitive	<input type="checkbox"/> Paranoid	<input type="checkbox"/> Repeats phrases
<input type="checkbox"/> Run tendency	<input type="checkbox"/> Self-stimulation behavior	<input type="checkbox"/> Sensitive to stimulation
<input type="checkbox"/> Stranger unresponsive	<input type="checkbox"/> Touch sensitive	<input type="checkbox"/> Water attracted

**Contact s**

Contact #1

Full name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City / State / Zip: \_\_\_\_\_

Home phone: ( ) \_\_\_\_\_ Mobile phone: ( ) \_\_\_\_\_ Other phone: ( ) \_\_\_\_\_

E-mail address: \_\_\_\_\_ Alternate E-mail address: \_\_\_\_\_

Contact #2

Full name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City / State / Zip: \_\_\_\_\_

Home phone: ( ) \_\_\_\_\_ Mobile phone: ( ) \_\_\_\_\_ Other phone: ( ) \_\_\_\_\_

E-mail address: \_\_\_\_\_ Alternate E-mail address: \_\_\_\_\_

Contact #3

Full name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City / State / Zip: \_\_\_\_\_

Home phone: ( ) \_\_\_\_\_ Mobile phone: ( ) \_\_\_\_\_ Other phone: ( ) \_\_\_\_\_

E-mail address: \_\_\_\_\_ Alternate E-mail address: \_\_\_\_\_

Registrant name: \_\_\_\_\_

**Vehicle**

No known vehicle

Vehicle Make: \_\_\_\_\_ Model: \_\_\_\_\_ Body style: \_\_\_\_\_

Vehicle year: \_\_\_\_\_ License number: \_\_\_\_\_ State: \_\_\_\_\_

Color: \_\_\_\_\_ VIN Number: \_\_\_\_\_

Remarks: \_\_\_\_\_

**Previous Recoveries**

Describe previous occasions of the registrant being lost/found:

Incident #1: Date missing: \_\_\_\_\_ Date located/returned: \_\_\_\_\_

Recovered by: \_\_\_\_\_

Comments / circumstances: \_\_\_\_\_

Incident #2: Date missing: \_\_\_\_\_ Date located/returned: \_\_\_\_\_

Recovered by: \_\_\_\_\_

Comments / circumstances: \_\_\_\_\_

Registrant name: \_\_\_\_\_

**Photos**

Photographs of the registrant may be submitted along with this form to the registration agency.

Primary photograph – approximate date of photograph: \_\_\_\_\_

Secondary photograph – approximate date of photograph: \_\_\_\_\_

Scars/marks/tattoos #1: Type/location: \_\_\_\_\_

Class (flag, bird, tribal, abstract symbol, etc): \_\_\_\_\_

Description: \_\_\_\_\_

Scars/marks/tattoos #1: Type/location: \_\_\_\_\_

Class (flag, bird, tribal, abstract symbol, etc): \_\_\_\_\_

Description: \_\_\_\_\_

**Enrollment Info**

Enrollment Date: \_\_\_\_\_ Time: \_\_\_\_\_ Data Entry Date: \_\_\_\_\_ Data Entry Time: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Complete: Y N

**Signature Required**

I acknowledge that I have voluntarily provided this information for entry into the Take Me Home registry with the understanding it will remain confidential at all times and be released only to police, fire, or medical personnel assisting in the identification, safety, and return of this person if found or reported missing, or otherwise determined to be at-risk by emergency response personnel.

Printed Name \_\_\_\_\_ Signature \_\_\_\_\_ Date: \_\_\_\_\_