



Take Me Home Registry

Enrollment Form

NOTE: Fields denoted with a red asterisks (*) are required.

DIAGNOSIS/DISABILITY (CHECK ALL THAT APPLY): * (at least one selection required)

- | | | |
|-------------------------------------------|--------------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> ADHD | <input type="checkbox"/> CEREBAL PALSY | <input type="checkbox"/> INTELLECTUAL DISABILITY |
| <input type="checkbox"/> ALZHEIMER'S | <input type="checkbox"/> DEAF/LOW HEARING | <input type="checkbox"/> MENTAL ILLNESS |
| <input type="checkbox"/> AUTISM/ASPERGERS | <input type="checkbox"/> DIABETIC | <input type="checkbox"/> OTHER BRAIN ILLNESS |
| <input type="checkbox"/> BLIND/LOW VISION | <input type="checkbox"/> DOWN SYNDROME | <input type="checkbox"/> OTHER DEVELOPMENTAL DISABILITY |
| <input type="checkbox"/> BRAIN INJURY | <input type="checkbox"/> EPILEPSY/SEIZURES | <input type="checkbox"/> OTHER MENTAL DISABILITY |
| | | <input type="checkbox"/> PHYSICAL DISABILITY |

PERSONAL INFORMATION:

<input type="text"/> *	<input type="text"/> *	<input type="text"/>	<input type="text"/>
LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX

<input type="text"/> *	<input type="text"/> *
NAME TO CALL ME	HOME PHONE NUMBER (Ex. 999-999-9999)

<input type="text"/> *	<input type="text"/> *	<input type="text"/> *
ADDRESS NUMBER	ADDRESS STREET	CITY

<input type="text"/> *	<input type="text"/> *	<input type="text"/> *
COUNTY	STATE	ZIP CODE (Ex. 99999 or 99999-9999)

PHYSICAL DESCRIPTION:

<input type="text"/> *	<input type="text"/>	<input type="text"/>
DATE OF BIRTH (Ex. MM/DD/YYYY)	RACE	SEX

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
WEIGHT	HEIGHT	EYE COLOR	HAIR COLOR

CLOSEST LAW ENFORCEMENT AGENCY:

*

COMMUNICATION METHOD (CHECK ALL THAT APPLY):

- | | | |
|--------------------------------------------------------|-------------------------------------------------------|--------------------------------------------|
| <input type="checkbox"/> ASSISTED COMMUNICATION DEVICE | <input type="checkbox"/> NON-COMMUNICATIVE | <input type="checkbox"/> SIGN LANGUAGE ASL |
| <input type="checkbox"/> HEARING DIFFICULTY | <input type="checkbox"/> NON-VERBAL | <input type="checkbox"/> SPEECH DIFFICULTY |
| <input type="checkbox"/> LANGUAGE OTHER THAN ENGLISH | <input type="checkbox"/> PICTURE COMMUNICATION SYSTEM | <input type="checkbox"/> VERBAL |

HOME TYPE

WANDER TENDENCY

MEDICATION ENDANGER

SPOKEN LANGUAGES

MEDICAL/PSYCH ISSUES

COMMONLY WORN ITEMS

APPROACH SUGGESTIONS

NOTED BEHAVIORS

SPECIAL CONSIDERATIONS (CHECK ALL THAT APPLY):

- | | | |
|-----------------------------------------------------|------------------------------------------|----------------------------------------------------|
| <input type="checkbox"/> COMBATIVE | <input type="checkbox"/> LIGHT SENSITIVE | <input type="checkbox"/> SELF STIMULATION BEHAVIOR |
| <input type="checkbox"/> COMBATIVE IF RESTRAINED | <input type="checkbox"/> NOISE SENSITIVE | <input type="checkbox"/> SENSITIVE TO STIMULATION |
| <input type="checkbox"/> DISROBES OR PREFERS NUDITY | <input type="checkbox"/> PARANOID | <input type="checkbox"/> STRANGER UNRESPONSIVE |
| <input type="checkbox"/> FEAR OF DOGS | <input type="checkbox"/> REPEATS PHRASES | <input type="checkbox"/> TOUCH SENSITIVE |
| <input type="checkbox"/> HUGS | <input type="checkbox"/> RUN TENDENCY | <input type="checkbox"/> WATER ATTRACTED |

PHOTO INFORMATION:

AT LEAST ONE PHOTO MUST BE SUBMITTED WITH THE REGISTRATION PACKET!

*

*

APPROXIMATE DATE OF PRIMARY PHOTOGRAPH

AGE IN PHOTO

IDENTIFICATION INFORMATION:

BRACELET NAME

BRACELET ID

ID NUMBER

ID STATE

ID EXPIRATION DATE (Ex. MM/DD/YYYY)

ORGANIZATIONS:

ACCESS 2 INDEPENENCE

EPILEPSY FOUNDATION OF SAN DIEGO

ALZHEIMER'S ASSOCIATION SAN DIEGO/IMPERIAL CHAPTER

HHSA AGING AND INDEPENDENT SERVICES

ARC OF SAN DIEGO

SAN DIEGO REGIONAL CENTER (SDRC)

AREA BOARD XIII STATE DEVELOPMENTAL DISABILITIES

ST. MADELINE SOPHIE'S CENTER (SDRC)

AUTISM SOCIETY SAN DIEGO CHAPTER

UNITED CEREBAL PALSY OF SAN DIEGO COUNTY

CONTACT 1:

RELATIONSHIP

FULL NAME

ADDRESS

CITY

STATE

ZIP CODE (Ex. 99999 or 99999-9999)

HOME PHONE

MOBILE PHONE

***(at least one of the three contact phone numbers is required)**

OTHER PHONE

E-MAIL ADDRESS

CONTACT 2:

RELATIONSHIP

FULL NAME

ADDRESS

CITY

STATE

ZIP CODE (Ex. 99999 or 99999-9999)

HOME PHONE

MOBILE PHONE

***(at least one of the three contact phone numbers is required)**

OTHER PHONE

E-MAIL ADDRESS

CONTACT 3:

<input type="text"/>	*	<input type="text"/>	*				
RELATIONSHIP		FULL NAME					
<input type="text"/>		*	<input type="text"/>	*			
ADDRESS			CITY				
<input type="text"/>	*	<input type="text"/>	*	<input type="text"/>		<input type="text"/>	
STATE		ZIP CODE (Ex. 99999 or 99999-9999)		HOME PHONE		MOBILE PHONE	
<input type="text"/>				<input type="text"/>			
OTHER PHONE		E-MAIL ADDRESS					

*** (at least one of the three contact phone numbers is required)**

VEHICLE:

NO VEHICLE

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
TYPE	YEAR	MAKE	MODEL	COLOR
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
VEHICLE VIN	LICENSE NUMBER	LICENSE STATE	LICENSE YEAR	

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.

I FUTHER ACKNOWLEDGE THAT I HAVE THE LEGAL AUTHORITY TO ENTER THE REGISTRANT NAMED ON THIS FORM INTO THE TAKE ME HOME REGISTRY.

<input type="text"/>	*	<input type="text"/>	*
PRINTED NAME		RELATIONSHIP	
<input type="text"/>	*	<input type="text"/>	*
SIGNATURE		DATE	