



“Take Me Home Registry”

Registration Form

Registration Date: _____

Person being registered:

Last Name:	First Name:	Middle Name:	Suffix:
Preferred name to call the registrant:		Telephone #:	
Home Address:	City:	State:	Zip:
Race:	Gender:	Date of Birth:	Height: Weight:
Hair color:	Eye color:	Hair length/style:	
Complexion:	Facial Hair:	Glasses:	
Marital Status (Circle One): 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"/> Physical Disability	<input type="checkbox"/> Other Mental Disability
<input type="checkbox"/> Physical Disability		

Home Type: (check 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	

Communication Factors: (check all that apply)

<input type="checkbox"/> Assisted communication	<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	

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Registrant’s Name: _____

Medication Endanger (circle one): Yes No

Spoken Languages in order of fluency: _____

Wander tendency: Yes No Commonly worn items: _____

Medical or psychological issues: _____

Approach suggestions: _____

Noted behaviors: _____

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

Vehicle Information:

Vehicle make: _____ Model: _____ Body style: _____

Vehicle years: _____ License plate number: _____ State: _____

Color: _____ VIN Number: _____

Remarks: _____

Previous Recoveries:

Incident #1: Date missing: _____ Date located/returned: _____

Recovered by: _____

Comments / circumstances: _____

Incident #2: Date missing: _____ Date located/returned: _____

Recovered by: _____

Comments / circumstances: _____

Registrant’s Name: _____

Emergency Contacts:

Contact #1

Full name: _____ Relationship: _____

Address: _____ City / State / Zip: _____

Home phone: () _____ Mobile phone: () _____ Other: () _____

E-mail Address: _____ Alternate E-mail address: _____

Contact #2

Full name: _____ Relationship: _____

Address: _____ City / State / Zip: _____

Home phone: () _____ Mobile phone: () _____ Other: () _____

E-mail Address: _____ Alternate E-mail address: _____

Contact #3

Full name: _____ Relationship: _____

Address: _____ City / State / Zip: _____

Home phone: () _____ Mobile phone: () _____ Other: () _____

E-mail Address: _____ Alternate E-mail address: _____

Photographs of Registrant:

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

Primary photograph – approximate date of photograph: _____

Secondary photograph – approximate date of photograph: _____

Scars / marks / tattoos #1: Type / location: _____

Registrant’s Name: _____

Other useful information: _____

****Please update information regarding registrant every 3 years or as needed.****

Signature Required:

I acknowledge that I have voluntarily provided this information for the 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 personnel.

Print Name: _____ **Signature:** _____ **Date:** _____

