



# LEVELLAND POLICE DEPARTMENT

1310 Avenue H, Levelland, Texas 79336 806.894.6164 Fax 806.894.4094

Albert Garcia  
Chief of Police

## TAKE ME HOME PROGRAM

SUBJECT IDENTIFICATION				
PROVIDE THE MOST ACCURATE INFORMATION ABOUT YOUR LOVED ONE				
LAST NAME:		FIRST NAME:		MIDDLE NAME:
NAME(S) THEY RESPOND TO: (Nicknames, etc.)				
HOME ADDRESS:				
CITY:		STATE:		ZIP:
INDIVIDUAL'S CELL PHONE:		DATE OF BIRTH:		GENDER
RACE:	HEIGHT:	WEIGHT:	HAIR COLOR:	EYE COLOR:
LIST TATTOOS, SCARS, GLASSES, AND OTHER DEFINING INDIVIDUALITIES:				
DISABILITY / DIAGNOSIS				
ALZHEIMER'S	AUTISM	VISUAL IMPAIRMENT	HEARING IMPAIRMENT	
INTELLECTUAL DISABILITY		PHYSICAL DISABILITY *SPECIFY _____		
DEMENTIA	OTHER			
COMMUNICATION METHODS				
VERBAL NON-VERBAL	IF NON-VERBAL, WHAT FORMS OF COMMUNICATION CAN BE USED?			
WHAT LANGUAGE(S) DOES YOUR LOVED ONE SPEAK?				
CHARACTERISTICS				
ARE THEY KNOWN TO WANDER?		YES	NO	IF SO, WHERE ARE THEY KNOWN TO GO?
INDIVIDUAL'S COMFORTS, FAVORITE TOPICS, SPECIAL INTERESTS?				
INDIVIDUALS' DISLIKES / TRIGGERS				
PLEASE LIST ANY DOCTORS, HOSPITALS AND OTHER RELEVANT INFORMATION THAT WE MAY NEED TO KNOW WHEN ASSISTING YOUR LOVED ONE:				

**PRIMARY EMERGENCY CONTACT INFORMATION**

PROVIDE YOUR CONTACT INFORMATION

LAST NAME:	FIRST NAME:	MIDDLE NAME:
HOME ADDRESS:		EMAIL:
CITY:	STATE:	ZIP:
WORK ADDRESS:		
CITY:	STATE:	ZIP:
EMPLOYER:		EMPLOYER PHONE:
CELL PHONE:	HOME PHONE:	RELATIONSHIP:

**ADDITIONAL EMERGENCY CONTACT INFORMATION**

PROVIDE ADDITIONAL EMERGENCY CONTACT

LAST NAME:	FIRST NAME:	MIDDLE NAME:
HOME ADDRESS:		EMAIL:
CITY:	STATE:	ZIP:
WORK ADDRESS:		
CITY:	STATE:	ZIP:
EMPLOYER:		EMPLOYER PHONE:
CELL PHONE:	HOME PHONE:	RELATIONSHIP:

**ADDITIONAL EMERGENCY CONTACT INFORMATION**

PROVIDE ADDITIONAL EMERGENCY CONTACT

LAST NAME:	FIRST NAME:	MIDDLE NAME:
HOME ADDRESS:		EMAIL:
CITY:	STATE:	ZIP:
WORK ADDRESS:		
CITY:	STATE:	ZIP:
EMPLOYER:		EMPLOYER PHONE:
CELL PHONE:	HOME PHONE:	RELATIONSHIP:

*I hereby affirm that I am legally responsible for the named person above for whom I have provided information, and I consent to have this information shared among law enforcement personnel for enrollment in the 'TAKE ME HOME' program.*

**X** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
**PRIMARY CONTACT SIGNATURE**

**OFFICIAL USE ONLY**

ENTERED IN RMS ON \_\_\_\_/\_\_\_\_/\_\_\_\_ RENEWAL DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

ENTERED BY OFFICER: \_\_\_\_\_