

Guilderland Police Department

Daniel McNally, Chief of Police
Professional Service Since 1972



“TAKE ME HOME” PROJECT



SUBJECT INFORMATION

Name: _____ Name to Call Me: _____

Date of Birth: _____ Hair Color: _____ Eye Color: _____

Race: _____ Sex: _____ Height: _____ Weight: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____ Telephone: _____

Email Address: _____

Disability: Alzheimer's Autistic Deaf Mentally Disabled Other: _____

Organization: ARC Council on Aging Autistic Foundation Other: _____

EMERGENCY CONTACT INFORMATION

1	Name: _____	Phone: _____
	Address: _____	Cell Ph: _____
2	Name: _____	Relationship: _____
	Address: _____	Phone: _____
3	Name: _____	Cell Ph: _____
	Address: _____	Relationship: _____
4	Name: _____	Phone: _____
	Address: _____	Cell Ph: _____
5	Name: _____	Relationship: _____
	Address: _____	Phone: _____

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.

Signature / Date

Witness

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Individual's Name & Date of Birth: _____
(First) (M.I.) (Last) (D.O.B.)

INFORMATION SPECIFIC TO THE INDIVIDUAL

Does the Individual Live Alone? _____.

Other Relevant Medical Conditions in Addition to Autism (*check all that apply*):

_____ No Sense of Danger _____ Blind _____ Deaf _____ Non-Verbal
_____ Prone to Seizures _____ Cognitive Impairment _____ Mental Retardation
_____ Other (Please Specify) _____

Prescription Medications Needed:

Sensory or dietary issues, if any:

**Favorite Attractions or Locations where the Individual May Be Found (Example:
Water, Park/Playground, Shopping Mall):**

**Atypical Behaviors or Characteristics of the Individual that may attract the Attention
of Responders:**

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Individual's Favorite Toys, Objects, Music, Discussion Topics, Likes or Dislikes:

Method of Preferred Communication (If non-verbal: Sign Language, Picture Boards, Written Words, ect.):

Method of Preferred Communication II (If verbal: Preferred Words, Sounds, Songs or Phrases the Individual May Respond To):

Identification Information (Example: Does the Individual Carry or Wear Jewelry, Tags, ID Card, Medical Alert Bracelets, ect.):

Tracking Information (Does the Individual have a Project Lifesaver or LoJack SafetyNet Transmitter Number?):

Include Picture Here:

(Does Not Need To Fit – Any Picture Will Be Acceptable)

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Any Additional Information First Responders May Need:

**Contact the Guilderland Police Department anytime with any Questions or Concerns:
518-356-1501**