

Georgetown Police Department

"Take Me Home" Program

Subject Information

Name: _____ Please call me: _____
 Date of Birth: _____ Hair Color: _____ Eye Color: _____
 Race: _____ Sex: _____ Height: _____ Weight: _____
 Home Address: _____ Phone: _____
 City: _____ State: _____ County: _____ Zip Code: _____
 Disability (Please Circle): Alzheimer's Autism Deaf Cognitive Disability
 Dementia Other: _____

Emergency Contact Information

Name: _____ Phone: _____ Relationship: _____
 Address: _____
 Email: _____ Alt. Phone: _____
 Name: _____ Phone: _____ Relationship: _____
 Address: _____
 Email: _____ Alt. Phone: _____
 Name: _____ Phone: _____ Relationship: _____
 Address: _____
 Email: _____ Alt. Phone: _____
 Name: _____ Phone: _____ Relationship: _____
 Address: _____
 Email: _____ Alt. Phone: _____
 Name: _____ Phone: _____ Relationship: _____
 Address: _____
 Email: _____ Alt. 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. I agree to inform the department of any information changes as soon as possible and update photos as necessary.

Signature: _____ Date: _____