



(Once the form is completed, send an email to [pwest@annatexas.gov](mailto:pwest@annatexas.gov) or mail to Anna Police Department at 101 South Powell Parkway, Anna TX 75409 attention Pamela West; or hand deliver to the Anna Police Department during normal business hours.)

**Personal Information**

Name: \_\_\_\_\_ Name to Call Me: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_

Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Disability:  Alzheimer's  Autistic  Deaf  Mentally Disabled  Other: \_\_\_\_\_

Organization:  ARC Council on Aging  Autistic Foundation  Other: \_\_\_\_\_

**Emergency Contact Information**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Relationship: \_\_\_\_\_

**Information Specific to the Individual**

What is the address where your loved one spends the majority of their time?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Diagnosis of the registered person:

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Is there a special interest (outside of their residence) that your loved one is drawn to? (For example: trains, water, woods, parks, malls, traffic, etc.)

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Has your loved one ever run away or been reported as missing? If so, where was he/she found?

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Is the registered person verbal or non-verbal? Explain in detail.

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Method of preferred communication (If nonverbal: Sign language, picture boards, written words, etc.):

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Does the registered person fear Police or Fire-EMS personnel or emergency vehicles? Explain in detail.

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Name of caregivers, parents, grandparents or other family members involved in your loved one's life.

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If your loved one becomes confrontational, how could Officers or Rescue Personnel calm them without your presence?

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Please explain in detail any other important information that we may need to know that might assist us in not triggering a violent response from your loved one.

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Does your loved one have any triggers, i.e.: lights, sirens, loud radio noise?

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Please explain in detail any other important information we may need to know that might assist us in assisting your loved one.

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**\*Please include a current digital photograph of the individual\***

*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** \_\_\_\_\_