



(Once the form is completed, send an email to pwest@annatexas.gov or mail to Anna Police Department at 120 W. 7th Street 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:

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.)

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

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

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

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

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

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

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.

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

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

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 _____