



Boyd County 911 Take Me Home Program Enrollment Form



Subject Information:

First Name:

Middle Name/Initial:

Last Name:

Preferred Name/Nickname:

Date of Birth:

Race:

Sex:

Height: cm **Weight:** kg

Hair Color: **Eye Color:**

Glasses: **Yes:** **No:**

Other Distinguishing Marks or Characteristics: (Tattoos,Birthmarks,Etc...)

Address:

City:

State:

Zip:

Disability:

Alzheimer's

Autism:

Deaf/Hard of Hearing:

Mentally Disabled:

Other (Please Describe):

Recent Photograph of Subject:

Emergency Contact Information: (Add Up To Four)

Name:

Address:

Contact Number(s):

Relationship to Subject:

Name:

Address:

Contact Number(s):

Relationship to Subject:

Name:

Address:

Contact Number(s):

Relationship to Subject

Name:

Address:

Contact Number(s):

Relationship to Subject:

Background Information:

**Are there special interests (outside of their residence) that your loved one is drawn to?
(Examples: trains, water, woods, parks, malls, traffic, etc.)**

Has your loved one ever run away or been reported as missing? If so, where were they found?

Is your loved one verbal or nonverbal? Please explain.

**If applicable, are there any toys or specific objects that the subject responds to?
Please list.**

**Does your loved one fear police or fire/EMS personnel or emergency vehicles?
Please explain.**

**Does your loved one have any triggers?
(Examples: lights, sirens, loud radio noise, etc.)**

If your loved one becomes confrontational, how could police and fire/EMS personnel calm them without your presence?

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

Electronic Signature Agreement*

By checking the "I agree" box below, you agree and acknowledge that,

- 1) Your application will not be signed in the sense of a traditional paper document.**
- 2) By signing in this alternate manner, you authorize your electronic signature to be valid and binding upon you to the same force and effect as a handwritten signature.**
- 3) You may still be required to provide a traditional signature at a later date.**

MY SIGNATURE BELOW CONSTITUTES AN AFFIRMATION THAT I AM 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.

Electronic Signature:

Name: First M. Last:

Date:

Email address: