

City of Stayton Police Department

Gwen Johns, Chief of Police
Professional, Dedicated, & Caring



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

EMERGENCY CONTACT INFORMATION

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

Other Important Information

Please list known routine /favorite attractions, communication, individual needs, behavioral considerations, medical conditions and special care instructions, as appropriate:

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