

# City of Stayton Police Department

David Frisendahl, 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:

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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