MONTGOMERY POLICE DEPARTMENT

Take Me Home Program_





Please include a current picture of the subject along with this form.

Name:			Name to 0	_ Name to Call Me:		
Home Addre	ess:					
City:			Zip Code: Phone:			
		Hair Color:		Eye Color:		
		Sex:	Hei	ght:	Weight:	
Disability:	Alzheimer's	Autism	Deaf	Mentally Disabled		
	Other:					
EME	RGENO	CY CON	JTACT	INFOR	MATION	
				Cell:		
Address:						
Name:		Pho	ne:	Cell	:	
Address:				Relationship:		
Name:		Phone:		Cell:		
Address:				Relationship:		
above for who		d information, and	that I consent	to have this inforr	ble for the person named nation shared among law	
Signature				Date		
Signature				 Date		

1

Information Specific to the Individual

Favorite attractions or locations where the individual may be found:
Atypical behaviors or characteristics of the individuals that may attract attention:
Individual's favorite toys, objects, music, discussion topics, likes, or dislikes:
Method of preferred communication (If nonverbal: Sign language, picture boards written words, etc.):
Identification information (Does the individual carry or wear jewelry, tags, ID card, medical alerts bracelets, etc?):
Tracking information (Does the individual have an EmFinders or LoJack SafetyNet Transmitter #?)
Likes/Dislikes, including approach and de-escalation techniques:

Return this form along with a current picture in person or by mail to:

Montgomery Police Department

101 Old Plantersville Rd.

Montgomery, TX 77316