



# “Take Me Home” Registry

## Registration Form

Registration Date: \_\_\_\_\_

Person being registered

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Suffix: \_\_\_\_\_

Preferred name to call the registrant: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_

Home address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Race: \_\_\_\_\_ Gender:  Male  Female Date of Birth: \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Hair color: \_\_\_\_\_ Eye color: \_\_\_\_\_ Hair length/style: \_\_\_\_\_

Complexion: \_\_\_\_\_ Facial hair: \_\_\_\_\_ Glasses:  Yes  No

Diagnosis: (check all that apply)

<input type="checkbox"/> ADHD	<input type="checkbox"/> Physical Disability	<input type="checkbox"/> Autism / Aspergers
<input type="checkbox"/> Blind / Low Vision	<input type="checkbox"/> Brain Injury	<input type="checkbox"/> Cerebral Palsy
<input type="checkbox"/> Deaf / Low Hearing	<input type="checkbox"/> Diabetic	<input type="checkbox"/> Down Syndrome
<input type="checkbox"/> Epilepsy/Seizures	<input type="checkbox"/> Intellectual Disability	<input type="checkbox"/> Mental Illness
<input type="checkbox"/> Other Brain Illness	<input type="checkbox"/> Other Developmental Disability	<input type="checkbox"/> Other Mental Disability

Home Type: (select one)

<input type="checkbox"/> House	<input type="checkbox"/> Apartment	<input type="checkbox"/> Temporary Housing
<input type="checkbox"/> Foster home	<input type="checkbox"/> Group home	<input type="checkbox"/> Shelter

Communications Factors: (check all that apply)

<input type="checkbox"/> Assisted communications	<input type="checkbox"/> Hearing difficulty
<input type="checkbox"/> Language other than English	<input type="checkbox"/> Non-communicative
<input type="checkbox"/> Non-verbal	<input type="checkbox"/> Picture communications system
<input type="checkbox"/> Sign language ASL	<input type="checkbox"/> Speech difficulty
<input type="checkbox"/> Verbal	

Does your child take daily medications:  Yes  No

Spoken languages in order of fluency: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Does your child have the tendency to wander:  Yes  No

Commonly worn items: \_\_\_\_\_

Medical or psychological issues: \_\_\_\_\_

Please provide suggestions to use when approaching your child:  
\_\_\_\_\_

Noted behaviors: \_\_\_\_\_

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Registrant name: \_\_\_\_\_

### Special Considerations

Check all that apply:

<input type="checkbox"/> Combative	<input type="checkbox"/> Combative if restrained	<input type="checkbox"/> Disrobes/prefers nudity
<input type="checkbox"/> Fears dogs	<input type="checkbox"/> Does not like to be touched	<input type="checkbox"/> Light sensitive
<input type="checkbox"/> Noise sensitive	<input type="checkbox"/> Paranoid	<input type="checkbox"/> Repeats phrases
<input type="checkbox"/> Tendency to run	<input type="checkbox"/> Self-stimulation behavior	<input type="checkbox"/> Attracted to water
<input type="checkbox"/> Will not talk to strangers	<input type="checkbox"/> Has tantrums	<input type="checkbox"/> Self injurious behavior

### Contact s

Contact #1

Full name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City / State / Zip: \_\_\_\_\_

Home phone: ( ) \_\_\_\_\_ Mobile phone: ( ) \_\_\_\_\_ Other phone: ( ) \_\_\_\_\_

E-mail address: \_\_\_\_\_ Alternate E-mail address: \_\_\_\_\_

Contact #2

Full name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City / State / Zip: \_\_\_\_\_

Home phone: ( ) \_\_\_\_\_ Mobile phone: ( ) \_\_\_\_\_ Other phone: ( ) \_\_\_\_\_

E-mail address: \_\_\_\_\_ Alternate E-mail address: \_\_\_\_\_

Contact #3

Full name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City / State / Zip: \_\_\_\_\_

Home phone: ( ) \_\_\_\_\_ Mobile phone: ( ) \_\_\_\_\_ Other phone: ( ) \_\_\_\_\_

E-mail address: \_\_\_\_\_ Alternate E-mail address: \_\_\_\_\_

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Registrant name: \_\_\_\_\_

### **Previous Recoveries**

Describe previous occasions of the registrant being lost/found:

Incident #1: Date missing: \_\_\_\_\_ Date located/returned: \_\_\_\_\_

Recovered by: \_\_\_\_\_

Comments / circumstances: \_\_\_\_\_

Incident #2: Date missing: \_\_\_\_\_ Date located/returned: \_\_\_\_\_

Recovered by: \_\_\_\_\_

Comments / circumstances: \_\_\_\_\_

Registrant name: \_\_\_\_\_

### **Photos**

Photographs of the registrant may be submitted along with this form to the registration agency.

Primary photograph – approximate date of photograph: \_\_\_\_\_

Secondary photograph – approximate date of photograph: \_\_\_\_\_

Scars/marks: Type/location: \_\_\_\_\_

Enrollment Info

*Enrollment in program will be gathered by Irvington Special Services Department and released solely to Irvington police Department for the "Take Me Home" program,*

Enrollment Date: \_\_\_\_\_ Time: \_\_\_\_\_ Data Entry Date: \_\_\_\_\_ Data Entry Time: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_ Complete: Y N

Signature Required

I acknowledge that I have voluntarily provided this information for entry into the Take Me Home registry with the understanding it will remain confidential at all times and be released only to police, fire, or medical personnel assisting in the identification, safety, and return of this person if found or reported missing, or otherwise determined to be at-risk by emergency response personnel.

Printed Name \_\_\_\_\_ Signature \_\_\_\_\_ Date: \_\_\_\_\_