



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:

Weight:

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: