

"Take Me Home" Registry



Registration Form

Registrant Name: _____

Registration Date: _____

Person being registered

Diagnosis: (check all that apply)

<input type="checkbox"/> ADHD	<input type="checkbox"/> Alzheimer's/Dementia	<input type="checkbox"/> Autism / Aspersers
<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
<input type="checkbox"/> Physical Disability	<input type="checkbox"/> Other	

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/Appearance _____ Built _____

Complexion: _____ Facial hair: _____ Glasses: Yes No

Home Type: (select one)

<input type="checkbox"/> Adult Residential	<input type="checkbox"/> Assisted living	<input type="checkbox"/> Elder Residential
<input type="checkbox"/> Foster Family	<input type="checkbox"/> Group Home	<input type="checkbox"/> Independent
<input type="checkbox"/> Intermediate Care	<input type="checkbox"/> Lives with family/Relative	<input type="checkbox"/> Lives with roommate(s)
<input type="checkbox"/> Skilled Nursing	<input type="checkbox"/> State Development Center	

Wander Tendency: Yes No

Communication Method: (check all that apply)

<input type="checkbox"/> Assisted Communication Device	<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	

Medication Endanger: Yes No

Spoken languages: _____

Commonly worn items: _____

Medical or psychological issues: _____

Approach suggestions: _____

Noted behaviors: _____

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"/> Hugs	<input type="checkbox"/> Light sensitive
<input type="checkbox"/> Noise sensitive	<input type="checkbox"/> Paranoid	<input type="checkbox"/> Repeats phrases
<input type="checkbox"/> Run tendency	<input type="checkbox"/> Self-stimulation behavior	<input type="checkbox"/> Sensitive to stimulation
<input type="checkbox"/> Stranger unresponsive	<input type="checkbox"/> Touch sensitive	<input type="checkbox"/> Water attracted

Marital Status: Married Divorced Single Separated Widowed

Contacts

Contact #1

Full name: _____ Relationship: _____

Address: _____ City / State / Zip: _____

Home phone: () _____ Mobile phone: () _____ Other phone: () _____

Type of Contact: _____

E-mail address: _____ Alternate E-mail address: _____

Details: _____

Contact #2

Full name: _____ Relationship: _____

Address: _____ City / State / Zip: _____

Home phone: () _____ Mobile phone: () _____ Other phone: () _____

E-mail address: _____ Alternate E-mail address: _____

Details: _____

Contact #3

Full name: _____ Relationship: _____

Address: _____ City / State / Zip: _____

Home phone: () _____ Mobile phone: () _____ Other phone: () _____

E-mail address: _____ Alternate E-mail address: _____

Registrant Name: _____

Vehicle

No known vehicle

Type: _____ Vehicle year: _____ Vehicle Make: _____

Model: _____ Color: _____

VIN Number: _____ License Number: _____ State: _____

License Year: _____ Registered Owner: _____

Remarks: _____

Recovery Details

Describe previous occasions of the registrant being lost/found:

Incident #1: Date located/returned: _____

Recovered by: _____

Comments: _____

Incident #2: Date located/returned: _____

Recovered by: _____

Comments: _____

Other Identification

Organizational affiliation:

<input type="checkbox"/> Access to Independence	<input type="checkbox"/> Alzheimer's Association San Diego/Imperial
<input type="checkbox"/> ARC of San Diego	<input type="checkbox"/> Area Board XIII
<input type="checkbox"/> Autism of San Diego	<input type="checkbox"/> Epilepsy foundation of San Diego
<input type="checkbox"/> HHSA Aging and Independence Services	<input type="checkbox"/> St. Madeleine Sophie's Center
	<input type="checkbox"/> United Cerebral Palsy of San Diego

Bracelet name: _____ Bracelet ID: _____

DL/State ID #: _____ State: _____ Expiration Date: _____

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**: _____

SMT Images: SCARS—MARKS--TATTOOS

Scars/marks/tattoos #1: Type/location: _____

Class (flag, bird, tribal, abstract symbol, etc): _____

Description: _____

Additional Photos of SMT can be added (optional)

Scars/marks/tattoos #1: Type/location: _____

Class (flag, bird, tribal, abstract symbol, etc): _____

Description: _____

Enrollment Info

To be completed by enrollment agency

Enrollment Date: _____ Time: _____ Data Entry Date: _____ Data Entry Time: _____

Enrollment Representative _____ Comments: _____

Complete: Yes No

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.

I further acknowledge that I have the legal authority to enter the registrant named on this form into the Take Me Home registry.

Printed Name: _____ Relationship: _____

Signature: _____ Date: _____