

"Take Me Home" Registry

Registration Form

Registration Date: _____ Return To: _____

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

Marital Status: Married Divorced Single Separated Widowed

Diagnosis: (check all that apply)

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

Home Type: (select one)

<input type="checkbox"/> Adult residential	<input type="checkbox"/> Assisted living	<input type="checkbox"/> Elder residential
<input type="checkbox"/> Foster home	<input type="checkbox"/> Group home	<input type="checkbox"/> Independent living
<input type="checkbox"/> Intermediate care	<input type="checkbox"/> Lives with family	<input type="checkbox"/> Lives with roommate(s)
<input type="checkbox"/> Skilled nursing	<input type="checkbox"/> State development center	

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	

Medication Endanger: Yes No Spoken languages in order of fluency: _____

Wander tendency: Yes No 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

Contacts

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: _____

Registrant name: _____

Vehicle

No known vehicle

Vehicle Make: _____ Model: _____ Body style: _____

Vehicle year: _____ License number: _____ State: _____

Color: _____ VIN Number: _____

Remarks: _____

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: _____

Other Identification

Organizational affiliation:

<input type="checkbox"/> Alzheimer's Association San Diego/Imperial	<input type="checkbox"/> ARC of San Diego
<input type="checkbox"/> State Area Board XIII	<input type="checkbox"/> Autism Society of San Diego
<input type="checkbox"/> Epilepsy Foundation of San Diego	<input type="checkbox"/> HHSA Aging and Independence Services
<input type="checkbox"/> San Diego Regional Center	

Bracelet name: _____ Bracelet ID: _____

State ID #: _____ State: _____ Expiration: _____

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/tattoos #1: Type/location: _____

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

Description: _____

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: 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.

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: _____