



Cleveland Division of Police

Take Me Home Program



Name: _____ Name to Call Me: _____
(First, Middle, Last)

Date of Birth: _____ Hair Color: _____ Eye Color: _____

Race: _____ Sex: _____ Height: _____ Weight: _____

Home Address: _____ Phone: _____

City: _____ State: _____ County: _____ Zip Code: _____

Disability (please check): Alzheimer's Autism Deaf Cognitive Ability Other: _____

Allergies: _____

Medications: _____

Information an officer should know (calming techniques/words; behaviors; language level): _____

Areas/places individual frequents: _____

Emergency Contact Information (please provide 3 contacts)

Contact #1

Name: _____ Email: _____ Phone: _____

Address: _____

Cell Phone: _____ Relationship: _____

Contact #2

Name: _____ Email: _____ Phone: _____

Address: _____

Cell Phone: _____ Relationship: _____

Contact #3

Name: _____ Email: _____ Phone: _____

Address: _____

Cell Phone: _____ Relationship: _____



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My signature below constitutes an affirmation under oath that I am legally 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*. Please contact us annually to update the picture and if any information changes. If you have additional questions, please contact Detective Kevin Callahan, Take Me Home Program Coordinator, at 216-623-7697 or Email registration form and a picture of the person being enrolled to helpfindthemissing@clevelandohio.gov. Completed registration forms and pictures can also be delivered to any of the (5) Neighboring Police Districts.

Signature: _____ Date: _____ (Please keep a copy for your records)

Up to date photo of individual being registered must be included with this application