

# George West Police Department

George West, Texas 78022  
361-449-3800 Ph. 361-449-1834 Fax



## "Take Me Home" PROJECT



### SUBJECT INFORMATION

Name: \_\_\_\_\_ Name to Call Me: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Race: \_\_\_\_\_ Sex: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

Disability:  Alzheimer's  Autistic  Deaf  Mentally Disabled  Other: \_\_\_\_\_

Organization:  ARC  Council on Aging  Autistic Foundation  Other: \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION

1	Name: _____	Phone: _____
	Address: _____	Cell Ph: _____
2	Name: _____	Relationship: _____
	Address: _____	Phone: _____
3	Name: _____	Cell Ph: _____
	Address: _____	Relationship: _____
4	Name: _____	Phone: _____
	Address: _____	Cell Ph: _____
5	Name: _____	Relationship: _____
	Address: _____	Phone: _____

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.

\_\_\_\_\_  
Signature / Date

\_\_\_\_\_  
Witness