

# Baker City Police Department

Wyn Lohner, Chief of Police

Professional, Dedicated & Caring



## “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:  Step Forward  Community Connections  Other: \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION

1 Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Cell Ph: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

2 Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Cell Ph: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

3 Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Cell Ph: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

### Other Important Information

Please list known routine /favorite attractions, communication, individual needs, behavioral considerations, medical conditions and special care instructions, as appropriate:

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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.

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

\_\_\_\_\_  
Witness