



Terrell Police Department 1100 N State Highway 34 Terrell, TX 75160 469-474-2700
Dispatch@TerrellTX.GOV

Loved One's Information:

Name: _____

Nickname(s):

Address:

DOB: Race: Sex: Male Female Hispanic: Y N

Hair color: Eye color: Height: Weight:

DL/ID#: DL State: Primary Language:

License Plate: Year: Make:

Color: Distinguishing Vehicle Markers:

Caretaker Name:

Caretaker Address:

Disability: Alzheimer's Autism Spectrum Disorder Other:

Intellectual/Developmental Disability:

Attached photo:

Attached a Dr. note diagnosis for Alzheimer's/Dementia?

Yes No No

If you can not attach one,
Terrell PD can take one for you

Attached a picture of their vehicle?

Yes No

First time to provide information

Update to previously reported information

Email for update reminders:

Return Form to Terrell Police Department
dispatch@terrelltx.gov "Take Me Home" or
Mail to or in person to 1100 N. State Highway 34 Terrell, TX 75160 Attn: Take Me Home - Dispatch

Emergency Contact Information:

School / Care Facility Name:

School / Care Facility Address:

Days and time of Attendance:

School / Care Facility Name:

School / Care Facility Address:

Days and time of Attendance:

If location information changes, please contact to update to current information

Emergency Contacts:

1. Name: _____ Home Phone: _____

Address: _____ Work: _____

Relationship: _____ DL/ID #: _____ Cell: _____

2. Name: _____ Home Phone: _____

Address: _____ Work: _____

Relationship: _____ DL/ID #: _____ Cell: _____

3. Name: _____ Home Phone: _____

Address: _____ Work: _____

Relationship: _____ DL/ID #: _____ Cell: _____

4. Name: _____ Home Phone: _____

Address: _____ Work: _____

Relationship: _____ DL/ID #: _____ Cell: _____

5. Name: _____ Home Phone: _____

Address: _____ Work: _____

Relationship: _____ DL/ID #: _____ Cell: _____

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Information about your loved one:

Is there a location to find "In Case of Emergency Information"? Example: Fridge, glove box, wallet

Favorite attractions or locations where they may be found. Include any family or friends in the area:

Typical behaviors or characteristics of the loved ones that may attract attention:

Favorite toys, objects, music, discussion topics, likes or dislikes:

Method of preferred communication (If nonverbal: Sign Language, Picture Boards, Written Words, Etc):

Identification information (jewelry, tags, id card, medical alert bracelets)

Medication:

Have they ever runaway or been reported missing in the past? If so, where was he/she found?

Is there a fear of Police or Fire-EMS personnel or Emergency Vehicles? Explain in detail:

Are there any triggers we should be aware of? Things like lights, sirens, loud radio, any specific noises:

If they become confrontational, how can first responders help calm them down without your presence?

Is there anything else you feel first responders should know about your loved one?

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