



**ATHENS COUNTY
SHERIFF'S OFFICE**

(740)593-6633 13 West Washington St
Athens OH 45701

CALL
911
FOR HELP



"TAKE ME HOME" PROJECT



SUBJECT INFORMATION

Name: _____ Name to Call Me: _____

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

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

Home Address: _____ Home #: _____

City: _____ State: _____ Zip Code: _____ Cell #: _____

Disability: Autistic Deaf Cognitive Disability Alzheimer's Other: _____

Allergies: _____ Medication: _____

Information a deputy should know: (calming techniques/words; behaviors; language level)

EMERGENCY CONTACT INFORMATION

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

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: _____ (Please keep a copy for your records)

Please note: Should there be any changes, it is the responsibility of the legal guardian or representative to notify the Athens County Sheriffs office so that the program will contain the most up-to-date information.