



| | | | |
|---|-------------------|------------------------|-----------------|
| 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: _____ |
| Disabilities or Disorders: _____ | | | |
| Other: _____ | | | |
| Allergies: _____ | | | |
| Medications: _____ | | | |
| Information an officer should know (calming techniques/words; behaviors; language level): _____ _____ | | | |
| Emergency Contact Information (please provide 3 contacts) | | | |
| Contact #1 | | | |
| Name: _____ | | Email: _____ | |
| Address: _____ | | Phone: _____ | |
| Cell Phone: _____ | | Relationship: _____ | |
| Contact #2 | | | |
| Name: _____ | | Email: _____ | |
| Address: _____ | | Phone: _____ | |
| Cell Phone: _____ | | Relationship: _____ | |
| Contact #3 | | | |
| Name: _____ | | Email: _____ | |
| Address: _____ | | Phone: _____ | |
| Cell Phone: _____ | | 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. Please contact us annually to update the picture and any information changes. If you have additional questions, please contact Leslie Knoblauch, Take Me Home Coordinator, at knoblauch@prosecutor.summitoh.net or (330) 643-2800. Mail registration form and a picture of the person enrolled to Leslie Knoblauch, Summit County Prosecutor's Office, 53 University Avenue, 6th Floor, Akron, OH 44308.

Signature _____ Date _____

(Please make a copy for your records)