

Summit County Prosecutor
Summit County Sheriff
Take Me Home Program

Name: _____ (First, Middle, Last) Name to Call Me: _____

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

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

Home Address: _____ Phone: _____

City: _____ State: _____ County: _____ Zip Code: _____

Disability (please circle): Alzheimer's Autism Deaf Cognitive Ability

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: _____ Phone: _____
Address: _____
Cell Phone: _____ Relationship: _____

Contact #2
Name: _____ Email: _____ Phone: _____
Address: _____
Cell Phone: _____ Relationship: _____

Contact #3
Name: _____ Email: _____ Phone: _____
Address: _____
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 if any information changes. If you have additional questions, please contact Leslie Knoblauch, Take Me Home Coordinator, at knoblauch@prosecutor.summitoh.net or (330) 643-8741. Mail registration form and a picture of the person being enrolled to Leslie Knoblauch, Summit County Prosecutor's Office, 53 University Avenue, 6th Floor, Akron, OH 44308.

Signature _____ Date _____ (Please keep a copy for your records)