



**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

<b>1</b>	Name: _____	Phone: _____
	Address: _____	Cell Ph: _____
<b>2</b>	Name: _____	Relationship: _____
	Address: _____	Phone: _____
<b>3</b>	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.