

Rotterdam Police Department

G. William Manikas, Chief of Police

Professional Service Since 1936



“TAKE ME HOME” PROJECT



SUBJECT INFORMATION

Name: _____ Name to Call Me: _____

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

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

Home Address: _____

City: _____ State: _____ Zip Code: _____ Telephone: _____

Disability: Alzheimer's Autistic Deaf Mentally Disabled Other: _____

Organization: ARC Council on Aging Autistic Foundation Other: _____

EMERGENCY CONTACT INFORMATION

1 Name: _____ Phone: _____
Cell Ph: _____

Address: _____ Relationship: _____

2 Name: _____ Phone: _____
Cell Ph: _____

Address: _____ Relationship: _____

3 Name: _____ Phone: _____
Cell Ph: _____

Address: _____ Relationship: _____

4 Name: _____ Phone: _____
Cell Ph: _____

Address: _____ Relationship: _____

5 Name: _____ Phone: _____
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

Witness