



CELINA POLICE DEPARTMENT

110 N. Colorado St. Celina, Texas 75009 972.382.2121 Fax 972.382.3879

Take Me Home Program

The Celina Police Department has launched the Take Me Home Program originally developed by the Pensacola, Florida Police Department. Residents may register loved ones who could need special assistance if they are alone or in an emergency. The program is particularly helpful if the individual is unable to communicate or properly identify themselves in the event they become disoriented or if they may act in a manner that could be misinterpreted by first responders.

This is a free service offered by the Celina Police Department for any Celina resident who has difficulty communicating. It is intended to serve individuals with Autism, Down Syndrome, or developmental or intellectual disabilities. It is also intended to assist senior citizens who may suffer from dementia or Alzheimer's.

How Does 'Take Me Home' Work?

The Take Me Home program is housed and maintained in a secure database accessible only to public safety personnel. Families or individuals are invited to complete a Take Me Home form which provides essential information about the loved one with special needs. The form includes information such as height, weight and other identifying information along with emergency contact information and a photograph. This information is entered into the database which police officers can quickly access while on patrol in the city.

When a police officer encounters a participant in the Take Me Home program, the officer can access the Take Me Home database and search by name or physical description. The search results will display the enrollment information and the officer can help the person return home.

This system can also work in reverse. In the event a participant is missing, the picture and description is immediately available and can be provided to police personnel. In this case the Celina Police Department encourages loved ones to call 9-1-1 as soon as possible to report the missing person. Be sure to inform the communications personnel that the individual is registered in the Take Me Home database.

For more information about the Take Me Home Program, please contact the Celina Police Department at police@celina-tx.gov



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TAKE ME HOME PROGRAM

SUBJECT IDENTIFICATION

PROVIDE THE MOST ACCURATE INFORMATION ABOUT YOUR LOVED ONE

LAST NAME:		FIRST NAME:		MIDDLE NAME:	
NAME(S) THEY RESPOND TO : <small>(Nicknames, etc.)</small>					
HOME ADDRESS:					
CITY:		STATE:		ZIP:	
INDIVIDUAL'S CELL PHONE:		DATE OF BIRTH		GENDER:	
RACE:	HEIGHT:	WEIGHT:	HAIR COLOR:	EYE COLOR:	
LIST TATTOOS, SCARS, GLASSES, AND OTHER DEFINING INDIVIDUALITIES:					

DISABILITY / DIAGNOSIS

ALZHEIMER'S
 AUTISM
 VISUAL IMPAIRMENT
 HEARING IMPAIRMENT
 INTELLECTUAL DISABILITY
 PHYSICAL DISABILITY *SPECIFY _____
 DEMENTIA
 OTHER:

COMMUNICATION METHODS

VERBAL IF NON-VERBAL, WHAT FORMS OF COMMUNICATION CAN BE USED?
 NON-VERBAL

WHAT LANGUAGE(S) DOES YOUR LOVED ONE SPEAK?

CHARACTERISTICS

ARE THEY KNOWN TO WANDER? YES NO IF SO, WHERE ARE THEY KNOWN TO GO?

INDIVIDUAL'S COMFORTS, FAVORITE TOPICS, SPECIAL INTERESTS?

INDIVIDUAL'S DISLIKES / TRIGGERS?

PLEASE LIST ANY DOCTORS, HOSPITALS AND OTHER RELEVANT INFORMATION THAT WE MAY NEED TO KNOW WHEN ASSISTING YOUR LOVED ONE.

PRIMARY EMERGENCY CONTACT INFORMATION

PROVIDE YOUR INFORMATION

LAST NAME:	FIRST NAME:	MIDDLE NAME:
HOME ADDRESS:	EMAIL:	
CITY:	STATE:	ZIP:
WORK ADDRESS:		
CITY:	STATE:	ZIP:
EMPLOYER:	EMPLOYER PHONE:	
CELL PHONE:	HOME PHONE:	RELATIONSHIP:

ADDITIONAL EMERGENCY CONTACT INFORMATION

PROVIDE ADDITIONAL EMERGENCY CONTACT

LAST NAME:	FIRST NAME:	MIDDLE NAME:
HOME ADDRESS:	EMAIL:	
CITY:	STATE:	ZIP:
WORK ADDRESS:		
CITY:	STATE:	ZIP:
EMPLOYER:	EMPLOYER PHONE:	
CELL PHONE:	HOME PHONE:	RELATIONSHIP:

ADDITIONAL EMERGENCY CONTACT INFORMATION

PROVIDE ADDITIONAL EMERGENCY CONTACT

LAST NAME:	FIRST NAME:	MIDDLE NAME:
HOME ADDRESS:	EMAIL:	
CITY:	STATE:	ZIP:
WORK ADDRESS:		
CITY:	STATE:	ZIP:
EMPLOYER:	EMPLOYER PHONE:	
CELL PHONE:	HOME PHONE:	RELATIONSHIP:

I hereby affirm that I am legally responsible for the named person above for whom I have provided information, and I consent to have this information shared among law enforcement personnel for enrollment in the 'TAKE ME HOME' program.

X _____ DATE: _____
PRIMARY CONTACT SIGNATURE

OFFICIAL USE ONLY

ENTERED IN RMS ON ____/____/____ RENEWAL DATE: ____/____/____

ENTERED BY OFFICER: _____