

# Niskayuna Police Department

Daniel M. McManus, Chief of Police

Professional Service Since 1928



## “TAKE ME HOME” PROJECT



### INDIVIDUAL'S 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: _____
	Address: _____	Cell Ph: _____
2	Name: _____	Relationship: _____
	Address: _____	Phone: _____
3	Name: _____	Cell Ph: _____
	Address: _____	Relationship: _____
4	Name: _____	Phone: _____
	Address: _____	Cell Ph: _____
5	Name: _____	Relationship: _____
	Address: _____	Phone: _____

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

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**Individual's Name & Date of Birth:** \_\_\_\_\_  
(First) (M.I.) (Last) (D.O.B.)

**INFORMATION SPECIFIC TO THE INDIVIDUAL**

**Does the Individual Live Alone?** \_\_\_\_\_

**Other Relevant Medical Conditions in Addition to Autism** (*check all that apply*):

\_\_\_\_\_ No Sense of Danger      \_\_\_\_\_ Blind      \_\_\_\_\_ Deaf      \_\_\_\_\_ Non-Verbal  
\_\_\_\_\_ Prone to Seizures      \_\_\_\_\_ Cognitive Impairment      \_\_\_\_\_ Mental Retardation  
\_\_\_\_\_ Other (Please Specify) \_\_\_\_\_

**Prescription Medications Needed:**

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**Sensory or dietary issues, if any:**

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**Favorite Attractions or Locations where the Individual May Be Found (Example: Water, Park/Playground, Shopping Mall):**

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**Atypical Behaviors or Characteristics of the Individual that may attract the Attention of Responders:**

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**Individual’s Favorite Toys, Objects, Music, Discussion Topics, Likes or Dislikes:**

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**Method of Preferred Communication (If non-verbal: Sign Language, Picture Boards, Written Words, etc.):**

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**Method of Preferred Communication II (If verbal: Preferred Words, Sounds, Songs or Phrases the Individual May Respond To):**

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**Identification Information (Example: Does the Individual Carry or Wear Jewelry, Tags, ID Card, Medical Alert Bracelets, etc.):**

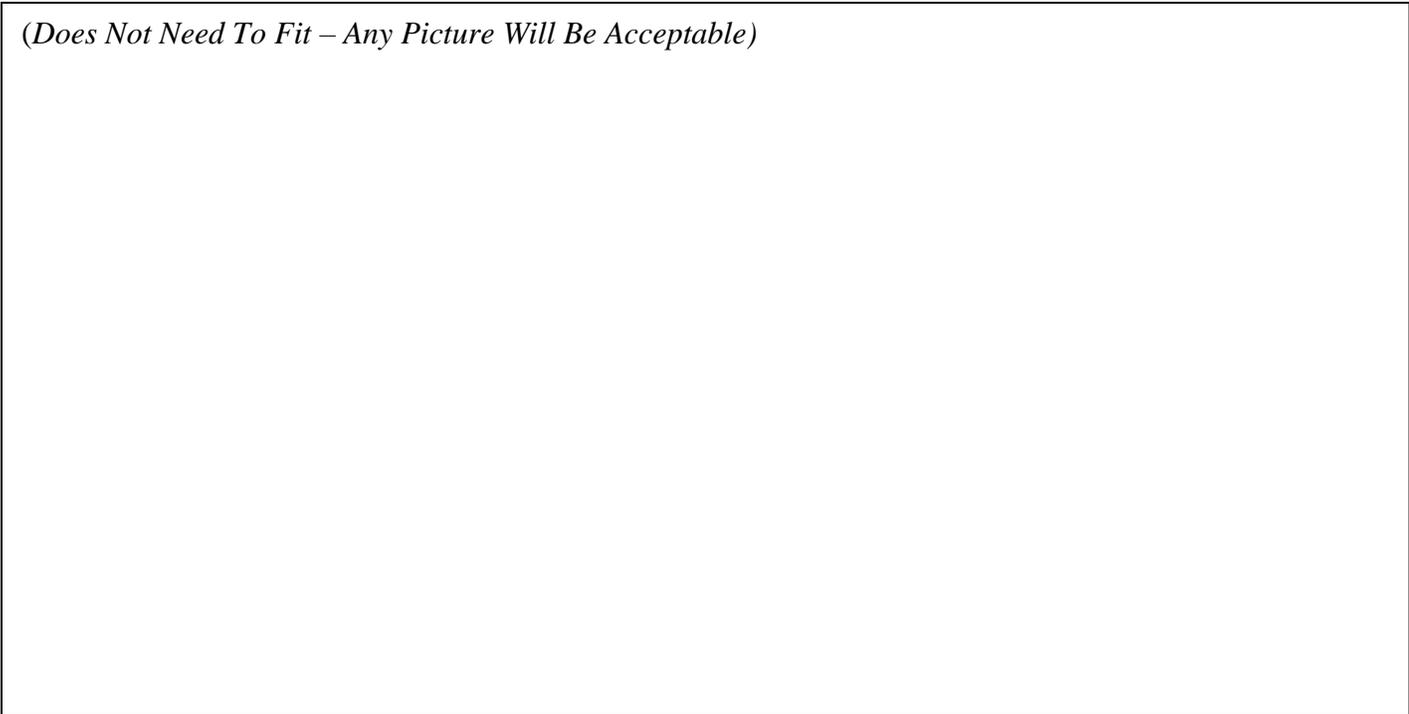
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**Tracking Information (Does the Individual have a Project Lifesaver or LoJack SafetyNet Transmitter Number?):**

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**Include Picture Here:**

*(Does Not Need To Fit – Any Picture Will Be Acceptable)*



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**Any Additional Information First Responders May Need:**

**Contact the Niskayuna Police Department anytime with any Questions or Concerns:  
518-386-4585**