

# ARDSLEY POLICE DEPARTMENT

Anthony D. Piccolino, Chief of Police

Professional Service Since 1896



## "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