



Take Me Home Program



Okaloosa County Sheriff's Office

Partnering with the following agencies:

The Mental Health Association, Bridgeway Center,

The Okaloosa County School District

Subject Information

Name: _____ Name to Call Me: _____

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

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

Home Address: _____

City: _____ State: _____ Zip Code: _____ Home #: _____

Disability: _____ Bracelet ID #: _____

Organization/ Treatment Facility: _____

Medication: _____

Other Information: _____

Right Thumb Print

Disclaimer

The information of the person on this form will be entered into the Okaloosa County Sheriff's Office **"Take Me Home"** program within the next **30** days.

Please note: Should there be any changes, it is the responsibility of the legal guardian or representative to notify the Sheriff's Office so that the program will contain the most up-to-date information.

Emergency Contact Information

1. Name: _____ Relationship: _____

Address: _____

Home #: _____ Cell #: _____ Work/Daytime #: _____

2. Name: _____ Relationship: _____

Address: _____

Home #: _____ Cell #: _____ Work/Daytime #: _____

3. Name: _____ Relationship: _____

Address: _____

Home #: _____ Cell #: _____ Work/Daytime #: _____

4. Name: _____ Relationship: _____

Address: _____

Home #: _____ Cell #: _____ Work/Daytime #: _____

5. Name: _____ Relationship: _____

Address: _____

Home #: _____ Cell #: _____ Work/Daytime #: _____

My signature below constitutes an affirmation under oath that I am the person named above or I am legally responsible for the named person 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