



# 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: \_\_\_\_\_

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## 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