



# "TAKE ME HOME" PROGRAM

104 Grady Tuck Lane  
Bastrop, Texas 78602

Office (512) 332-8600  
24 Hour Dispatch (512) 303-7000  
Fax (512) 332-8629

### SUBJECT INFORMATION

NAME: \_\_\_\_\_ YOU CAN CALL ME: " \_\_\_\_\_ "

DATE OF BIRTH: \_\_\_\_\_ HAIR COLOR: \_\_\_\_\_ EYE COLOR: \_\_\_\_\_

RACE: \_\_\_\_\_ SEX: \_\_\_\_\_ HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY/ST/ZIP: \_\_\_\_\_

DISABILITY (CHECK ALL THAT APPLY)  Alzheimer's  Autism  Deaf  Cognitive Disability  Dementia

DOCTOR'S NAME: \_\_\_\_\_ DOCTOR'S PHONE: \_\_\_\_\_

Other: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name: _____	Phone: _____	Relationship: _____
Address: _____		
Email: _____	Alt. Phone: _____	
Name: _____	Phone: _____	Relationship: _____
Address: _____		
Email: _____	Alt. Phone: _____	
Name: _____	Phone: _____	Relationship: _____
Address: _____		
Email: _____	Alt. Phone: _____	
Name: _____	Phone: _____	Relationship: _____
Address: _____		
Email: _____	Alt. 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. I agree to inform the Bastrop Police Department of any information changes as soon as possible and update photos as necessary.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_