



Summit County  
Prosecutor Sherri Bevan Walsh  
Sheriff Kandy Fatheree  
**Take Me Home Program**



Name: \_\_\_\_\_ Name to Call Me: \_\_\_\_\_  
(First, Middle, Last)

Date of Birth: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Race: \_\_\_\_\_ Sex: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Home Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ County: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Disability (please circle): Alzheimer's Autism Deaf Cognitive Ability

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

Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

Information an officer should know (calming techniques/words; behaviors; language level):

\_\_\_\_\_  
\_\_\_\_\_

**Emergency Contact Information (please provide 3 contacts)**

**Contact #1**

Name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Contact #2**

Name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Contact #3**

Name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ 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. Please contact us annually to update the picture and if any information changes. If you have additional questions, please contact Leslie Knoblauch, Take Me Home Coordinator, at [knoblauch@prosecutor.summitoh.net](mailto:knoblauch@prosecutor.summitoh.net) or (330) 643-8741. Mail registration form and a picture of the person being enrolled to Leslie Knoblauch, Summit County Prosecutor's Office, 53 University Avenue, 6<sup>th</sup> Floor, Akron, OH 44308.

Signature \_\_\_\_\_ Date \_\_\_\_\_ (Please keep a copy for your records)