

WHAT IS TAKE ME HOME?

The **Take Me Home Program** is a regional photo-based information system hosted by the Sheriff Department accessible by all Law Enforcement in San Diego. It is designed to assist Law Enforcement (Police and Sheriff) during contacts with members of the community who have disabilities such as, but not limited to Autism, Dementia, Alzheimer's, Down syndrome, deafness or any other Developmental Disabilities.

The program promotes communication and gives law Enforcement access to critical information about the individual enrolled. The **Take Me Home Program** can provide Law Enforcement with emergency contact information, detailed physical descriptions, and photograph of the individual, known routines, favorite attractions, or special needs of the individual. This information can assist Law Enforcement in communicating with, locating a residence for, or handling an emergency involving an individual with special needs. This program has photo recognition technology attached to it. If an individual is located and cannot communicate, a photograph of the individual can be taken in the field, sent electronically and checked against those in **Take Me Home Program** for similar or match.

ENROLL

Online at www.sdsheriff.net/tmh or by calling a Crime Prevention Specialist at one of the following local Sheriff's Stations or Substations.

Alpine Station
(619) 659-2600

Encinitas Station
(760) 966-3500

Fallbrook Substation
(760) 451-3100

Imperial Beach Substation
(619) 498-2400

Julian Substation
(760) 765-4718

Lemon Grove Substation
(619) 337-2000

Pine Valley Substation
(619) 938-8400

Poway Station
(858) 513-2800

Ramona Substation
(760) 789-9157

Rancho San Diego Station
(619) 660-7090

San Marcos Station
(760) 510-5200

Santee Station
(619) 956-4000

Valley Center Substation
(760) 751-4400

Vista Station
(760) 940-4551



*Help us Keep Your
Loved Ones Safe*

**San Diego County
Sheriff's Department**

William D. Gore, Sheriff
Keeping the Peace Since 1850



HOW DOES IT WORK?

If deputies find someone who can't communicate where he or she lives, they can search the region-wide *Take Me Home* database by description and return the person to his or her loved ones. The system also works in reverse – if a loved one goes missing or wanders away, his or her picture and description is immediately available to help with the search. Only law enforcement personnel can access the *Take Me Home* database and all San Diego Law Enforcement Agencies have access to the database.

With good accurate photos, Law Enforcement can use facial recognition to identify those who are not able to communicate.

The system provides crucial information about behavior considerations, medical conditions, special care instructions, detailed description of the person and a photo. This information minimizes Law Enforcement response time and maximizes search efforts.

ENROLLMENT IS EASY

Caregivers can enroll special needs family members, friends, or clients online at www.sdsheriff.net/tmh or by calling a Crime Prevention Specialist at their local Sheriff's Stations or Substations. (See back of brochure)

They can also make an appointment during business hours. They must provide an updated photograph and a completed form from www.sdsheriff.net/tmh for entry into the *Take Me Home* database.

Or sign up for the *Take Me Home* program through our partner agencies.

Print a form online at
www.sdsheriff.net/tmh

Alzheimer's San Diego
(858) 492-4400
6632 Convoy Court
San Diego, Ca 92111
www.alzsd.org

Autism Society of San Diego
(858) 715-0678
4699 Murphy Canyon Rd
San Diego, Ca 92123
www.autismsocietysandiego.org

San Diego Regional Center
(858) 576-2966
4355 Ruffin Rd, Suite 200
San Diego, Ca 92123
www.sdrc.org

ARC of San Diego
(619) 685-1175
3030 Market Street
San Diego, Ca 92102
www.arc-sd.com

For more registration information visit: www.sdsheriff.net/tmh



Take Me Home Registry

Enrollment Form

NOTE: Fields denoted with a red asterisks (*) are required.

DIAGNOSIS/DISABILITY (CHECK ALL THAT APPLY): * (at least one selection required)

- | | | |
|---|--|---|
| <input type="checkbox"/> ADHD | <input type="checkbox"/> CEREBAL PALSY | <input type="checkbox"/> INTELLECTUAL DISABILITY |
| <input type="checkbox"/> ALZHEIMER'S | <input type="checkbox"/> DEAF/LOW HEARING | <input type="checkbox"/> MENTAL ILLNESS |
| <input type="checkbox"/> AUTISM/ASPERGERS | <input type="checkbox"/> DIABETIC | <input type="checkbox"/> OTHER BRAIN ILLNESS |
| <input type="checkbox"/> BLIND/LOW VISION | <input type="checkbox"/> DOWN SYNDROME | <input type="checkbox"/> OTHER DEVELOPMENTAL DISABILITY |
| <input type="checkbox"/> BRAIN INJURY | <input type="checkbox"/> EPILEPSY/SEIZURES | <input type="checkbox"/> OTHER MENTAL DISABILITY |
| | | <input type="checkbox"/> PHYSICAL DISABILITY |

PERSONAL INFORMATION:

*	*		
LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX

*	*
NAME TO CALL ME	HOME PHONE NUMBER (Ex. 999-999-9999)

*	*	*
ADDRESS NUMBER	ADDRESS STREET	CITY

*	*	*
COUNTY	STATE	ZIP CODE (Ex. 99999 or 99999-9999)

PHYSICAL DESCRIPTION:

*		
DATE OF BIRTH (Ex. MM/DD/YYYY)	RACE	SEX

WEIGHT	HEIGHT	EYE COLOR	HAIR COLOR

CLOSEST LAW ENFORCEMENT AGENCY:

*

COMMUNICATION METHOD (CHECK ALL THAT APPLY):

- | | | |
|--|---|--|
| <input type="checkbox"/> ASSISTED COMMUNICATION DEVICE | <input type="checkbox"/> NON-COMMUNICATIVE | <input type="checkbox"/> SIGN LANGUAGE ASL |
| <input type="checkbox"/> HEARING DIFFICULTY | <input type="checkbox"/> NON-VERBAL | <input type="checkbox"/> SPEECH DIFFICULTY |
| <input type="checkbox"/> LANGUAGE OTHER THAN ENGLISH | <input type="checkbox"/> PICTURE COMMUNICATION SYSTEM | <input type="checkbox"/> VERBAL |

HOME TYPE

WANDER TENDENCY

MEDICATION ENDANGER

SPOKEN LANGUAGES

MEDICAL/PSYCH ISSUES

COMMONLY WORN ITEMS

APPROACH SUGGESTIONS

NOTED BEHAVIORS

SPECIAL CONSIDERATIONS (CHECK ALL THAT APPLY):

- | | | |
|---|--|--|
| <input type="checkbox"/> COMBATIVE | <input type="checkbox"/> LIGHT SENSITIVE | <input type="checkbox"/> SELF STIMULATION BEHAVIOR |
| <input type="checkbox"/> COMBATIVE IF RESTRAINED | <input type="checkbox"/> NOISE SENSITIVE | <input type="checkbox"/> SENSITIVE TO STIMULATION |
| <input type="checkbox"/> DISROBES OR PREFERS NUDITY | <input type="checkbox"/> PARANOID | <input type="checkbox"/> STRANGER UNRESPONSIVE |
| <input type="checkbox"/> FEAR OF DOGS | <input type="checkbox"/> REPEATS PHRASES | <input type="checkbox"/> TOUCH SENSITIVE |
| <input type="checkbox"/> HUGS | <input type="checkbox"/> RUN TENDENCY | <input type="checkbox"/> WATER ATTRACTED |

PHOTO INFORMATION:

AT LEAST ONE PHOTO MUST BE SUBMITTED WITH THE REGISTRATION PACKET!

*

*

APPROXIMATE DATE OF PRIMARY PHOTOGRAPH

AGE IN PHOTO

IDENTIFICATION INFORMATION:

<input type="text"/>	<input type="text"/>
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BRACELET NAME

BRACELET ID

<input type="text"/>	<input type="text"/>	<input type="text"/>
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ID NUMBER

ID STATE

ID EXPIRATION DATE (Ex. MM/DD/YYYY)

ORGANIZATIONS:

- | | |
|---|---|
| <input type="checkbox"/> ACCESS 2 INDEPENENCE | <input type="checkbox"/> EPILEPSY FOUNDATION OF SAN DIEGO |
| <input type="checkbox"/> Alzheimer's San Diego | <input type="checkbox"/> HNSA AGING AND INDEPENDENT SERVICES |
| <input type="checkbox"/> ARC OF SAN DIEGO | <input type="checkbox"/> SAN DIEGO REGIONAL CENTER (SDRC) |
| <input type="checkbox"/> AREA BOARD XIII STATE DEVELOPMENTAL DISABILITIES | <input type="checkbox"/> ST. MADELINE SOPHIE'S CENTER (SDRC) |
| <input type="checkbox"/> AUTISM SOCIETY SAN DIEGO CHAPTER | <input type="checkbox"/> UNITED CEREBAL PALSY OF SAN DIEGO COUNTY |

CONTACT 1:

<input type="text"/>	<input type="text"/>
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RELATIONSHIP

FULL NAME

<input type="text"/>	<input type="text"/>
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ADDRESS

CITY

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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STATE

ZIP CODE (Ex. 99999 or 99999-9999)

HOME PHONE

MOBILE PHONE

***(at least one of the three contact phone numbers is required)**

<input type="text"/>	<input type="text"/>
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OTHER PHONE

E-MAIL ADDRESS

CONTACT 2:

<input type="text"/>	<input type="text"/>
----------------------	----------------------

RELATIONSHIP

FULL NAME

<input type="text"/>	<input type="text"/>
----------------------	----------------------

ADDRESS

CITY

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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STATE

ZIP CODE (Ex. 99999 or 99999-9999)

HOME PHONE

MOBILE PHONE

***(at least one of the three contact phone numbers is required)**

<input type="text"/>	<input type="text"/>
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OTHER PHONE

E-MAIL ADDRESS

CONTACT 3:

<input type="text"/>	<input type="text"/>
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RELATIONSHIP

FULL NAME

<input type="text"/>	<input type="text" value="San Diego"/>
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ADDRESS

CITY

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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STATE

ZIP CODE (Ex. 99999 or 99999-9999)

HOME PHONE

MOBILE PHONE

***(at least one of the three contact phone numbers is required)**

<input type="text"/>	<input type="text"/>
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OTHER PHONE

E-MAIL ADDRESS

VEHICLE:

NO VEHICLE

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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TYPE

YEAR

MAKE

MODEL

COLOR

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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VEHICLE VIN

LICENSE NUMBER

LICENSE STATE

LICENSE YEAR

I ACKNOWLEDGE THAT I HAVE VOLUNTARILY PROVIDED THIS INFORMATION FOR ENTRY INTO THE TAKE ME HOME REGISTRY WITH THE UNDERSTANDING IT WILL REMAIN CONFIDENTIAL AT ALL TIMES AND BE RELEASED ONLY TO POLICE, FIRE, OR MEDICAL PERSONNEL ASSISTING IN THE IDENTIFICATION, SAFETY, AND RETURN OF THIS PERSON IF FOUND OR REPORTED MISSING, OR OTHERWISE DETERMINED TO BE AT-RISK BY EMERGENCY RESPONSE PERSONNEL.

I FUTHER ACKNOWLEDGE THAT I HAVE THE LEGAL AUTHORITY TO ENTER THE REGISTRANT NAMED ON THIS FORM INTO THE TAKE ME HOME REGISTRY.

<input type="text"/>	<input type="text"/>
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PRINTED NAME

RELATIONSHIP

SIGNATURE

DATE