



CITY OF GERMANTOWN TENNESSEE

1930 South Germantown Road • Germantown, Tennessee 38138-2815
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“TAKE ME HOME” PROJECT



SUBJECT INFORMATION

Name: _____ Name to Call Me: _____

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

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

Home Address: _____

City: _____ State: _____ Zip Code: _____ Telephone: _____

Disability: Alzheimer's Autistic Deaf Mentally Disabled Other: _____

Organization: ARC Council on Aging Autistic Foundation Other: _____

EMERGENCY CONTACT INFORMATION

1	Name: _____	Phone: _____ Cell Ph: _____
	Address: _____	Relationship: _____
2	Name: _____	Phone: _____ Cell Ph: _____
	Address: _____	Relationship: _____
3	Name: _____	Phone: _____ Cell Ph: _____
	Address: _____	Relationship: _____
4	Name: _____	Phone: _____ Cell Ph: _____
	Address: _____	Relationship: _____
5	Name: _____	Phone: _____ Cell Ph: _____
	Address: _____	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.

Signature / Date

Witness