



RENTON POLICE DEPARTMENT



Take Me Home Registration

Personal Information

Last Name: _____ First Name: _____ Middle Initial: _____

Name to Call Me: _____ Primary Phone Number: _____

Facility Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Vehicle Plate: _____ Year: _____ Make/Model: _____

Physical Description

Date of Birth: _____ Gender: _____ Race: _____

Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____

Is the registrant associated with an Indigenous Tribe (RCW 43.43.874)? If so, please state which tribe they are affiliated with: _____

Disability: Alzheimer's Dementia Down Syndrome Autism Other: _____

Commonly Worn Items: _____

Special Considerations: Wanderer Combative Paranoid Other: _____

Current Medications: _____

Preferred Locations to Frequent: _____

Emergency Contact Information

Name	Relationship	Address	Primary Phone	Email Address

My signature below constitutes that I am 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. This information is voluntarily provided, and I understand all information is confidential and accessible to law enforcement per RCW 42.56.230(2b).

****Note: This subject will not be entered into the TMH database until a current forward-facing picture is received. Send image file to: shavlik@rentonwa.gov**

Signature / Date

Witness