



La Vista Police Department
"TAKE ME HOME"
Registration Form
A registry to assist persons at risk



The La Vista Police Department (LVPD) has created the "TAKE ME HOME" program, a registry for individuals with Autism or other disabilities in efforts to give police quick access in an emergency to critical information about a person who is registered.

The registry can provide police with emergency contact information, detailed physical descriptions, known routines, favorite attractions or special needs of an individual with Autism Disorder or other disabilities such as Alzheimer's, Dementia, Down Syndrome or any other endangered individuals. This information can greatly assist police officers when time is essential in communicating and dealing with an emergency situation involving a person with special needs.

We ask that all questions be filled out completely and a current photograph be provided. If you are unable to supply a photograph, we can take one for you. The information you provide is confidential and will only be used by law enforcement.

If any information on the registration changes you are encouraged to inform us as soon as possible. This program is free to the community and another example of the partnership between the LVPD and its residents. Please contact the LVPD Special Enforcement Bureau at police2@cityoflavista.org or 402-331-1582 with any questions.

Forms may be completed on-line at www.CityofLaVista.org/TakeMeHome, turned into our police officers, e-mailed (scanned) to TakeMeHome@cityoflavista.org, or taken directly to the LVPD Police Station.

POLICE ONLY SECTION:

DATE RECEIVED: _____ OFFICER: _____

SUPERVISOR APPROVED _____

DATE ENTERED: _____ ENTERED BY: _____



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Name: _____ DOB: _____

Nickname (or any name most likely to get response): _____

Address: _____

City/State: _____ Zip: _____

Cell Phone: _____ Other Phone: _____

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

Hair color: _____ How Hair worn: _____

Eye Color: _____ Complexion: _____

Facial Hair: _____ Glasses: YES NO

Scars, marks, tattoos: _____

School/Employer: _____

Method of communication, if non-verbal: sign language, picture boards, written words, etc:

Is the registered person verbal or non-verbal? Explain in detail:

Identification worn: ex. Jewelry/Medic Alert, clothing tags, ID card, tracking monitor, etc

Inclination of wandering or characteristic that may attract:

Life threatening medical concerns:

Information such as what **NOT** to do (bright lights, noises, direct eye contact, etc.)

Does your loved one have any triggers ie: lights, sirens, loud radio noise?



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Does the registered person fear Police or Fire-EMS personnel or emergency vehicles?
Explain in detail.

Has your loved one ever ran away or been reported as missing? If so, where was he/she found?

Is there a special interest (outside of their residence) that your loved one is drawn to? (For example: trains, water, woods, parks, malls, traffic, etc.).

Name of care givers, parents, grandparents or other family members involved in your loved one's life:

If your loved one becomes confrontational, how could Officers or Rescue Personnel calm them without your presence:

Please explain in detail any other important information that we may need to know that might assist us in not triggering a violent response from your loved one:

Please attach a recent photo to this form. You can also schedule an appointment to have a photograph(s) taken at the La Vista Police Station.



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Primary Emergency Contact:

Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Workplace/ Address: _____

Work Phone: _____ Alternate Phone: _____

Date of Birth: _____

Gender: _____

Relationship: _____

Email: _____

Secondary Emergency Contact:

Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Workplace/ Address: _____

Work Phone: _____ Alternate Phone: _____

Date of Birth: _____

Gender: _____

Relationship: _____

Email: _____



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Please feel free to add any additional information that you feel may be helpful.



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"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 further acknowledge that I have the legal authority to enter the registrant named on this form into the Take Me Home Registry."

Printed Name: _____

Signature: _____

Relationship: _____

Date: _____