



Elm Ridge Police Department

Guardian Connect

PROGRAM

SUBJECT INFORMATION

NAME			DATE OF BIRTH		
PREFERRED NAME/NICKNAME				AGE	
RACE		SEX		HEIGHT	
				WEIGHT	
HAIR COLOR		EYE COLOR		GLASSES?	
OTHER DISTINGUISHING MARKS OR CHARACTERISTICS					
HOME ADDRESS					
CITY		STATE		ZIP CODE	
				PHONE	
DISABILITY ALZHEIMER'S AUTISTIC DEAF/HARD OF HEARING MENTALLY DISABLED OTHER (EXPLAIN BELOW)					
PLEASE EXPLAIN					

EMERGENCY CONTACT INFORMATION

1	NAME	PHONE
	ADDRESS	RELATIONSHIP TO SUBJECT
2	NAME	PHONE
	ADDRESS	RELATIONSHIP TO SUBJECT
3	NAME	PHONE
	ADDRESS	RELATIONSHIP TO SUBJECT
4	NAME	PHONE
	ADDRESS	RELATIONSHIP TO SUBJECT

BACKGROUND INFORMATION

ARE THERE SPECIAL INTERESTS (OUTSIDE OF THEIR RESIDENCE) THAT YOUR LOVED ONE IS DRAWN TO? (EXAMPLES: TRAINS, WATER, WOODS, PARKS, MALLS, TRAFFIC, ETC.)

HAS YOUR LOVED ONE EVER RUN AWAY OR BEEN REPORTED AS MISSING? IF SO, WHERE WERE THEY FOUND?

IS YOUR LOVED ONE VERBAL OR NONVERBAL? PLEASE EXPLAIN.

DOES YOUR LOVED ONE FEAR POLICE OR FIRE/EMS PERSONNEL OR EMERGENCY VEHICLES? PLEASE EXPLAIN.

DOES YOUR LOVED ONE HAVE ANY TRIGGERS? (EXAMPLES: LIGHTS, SIRENS, LOUD RADIO NOISE, ETC.)

IF YOUR LOVED ONE BECOMES CONFRONTATIONAL, HOW COULD POLICE AND FIRE/EMS PERSONNEL CALM THEM WITHOUT YOUR PRESENCE?

NAMES OF CAREGIVERS, PARENTS, GRANDPARENTS, OR OTHER FAMILY MEMBERS INVOLVED IN YOUR LOVED ONE'S LIFE.

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 SIGNATURE
PRINTED NAME		PRINTED NAME
EMAIL ADDRESS		

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