



OLD ORCHARD BEACH
POLICE



Old Orchard Beach Police Department
16 Emerson Cummings Blvd, Old Orchard Beach, ME 04064
Phone: (207) 934-4911

“Take Me Home” Registration

Person being registered

Last Name: _____ First Name: _____ Middle: _____

Preferred name: _____ Home Phone: () _____

Home Address: _____ City: _____ State: _____ Zip: _____

Race: _____ Gender: Male Female Date of Birth: _____

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

Facial Hair: _____ Glasses: Yes No

Scars, Marks, Tattoos: _____

Marital Status: Married Single Widowed Separated

Diagnosis: (Check all that apply)

| | | |
|--|---|--|
| <input type="checkbox"/> Blind / Low Vision | <input type="checkbox"/> Alzheimer’s / Dementia | <input type="checkbox"/> Cerebral Palsy |
| <input type="checkbox"/> Deaf / Low Hearing | <input type="checkbox"/> Intellectual Disability | <input type="checkbox"/> Down Syndrome |
| <input type="checkbox"/> Epilepsy / Seizures | <input type="checkbox"/> Physical Disability | <input type="checkbox"/> Mental Illness |
| <input type="checkbox"/> Brain Injury | <input type="checkbox"/> Autism / Aspergers | <input type="checkbox"/> ADHD |
| <input type="checkbox"/> Diabetic | <input type="checkbox"/> Other Developmental Disability _____ | <input type="checkbox"/> Other Mental Disability _____ |

Home Type:

| | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Lives with family | <input type="checkbox"/> Adult Residential | <input type="checkbox"/> Group Home |
| <input type="checkbox"/> Lives alone | <input type="checkbox"/> Assisted Living | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Lives with roommate(s) | <input type="checkbox"/> Foster Home | |

Communication Factors: (Check all that apply)

| | |
|---|--|
| <input type="checkbox"/> Verbal | <input type="checkbox"/> Hearing difficulty |
| <input type="checkbox"/> Sign Language ASL | <input type="checkbox"/> Non-communicative |
| <input type="checkbox"/> Non-verbal | <input type="checkbox"/> Picture communications system |
| <input type="checkbox"/> Language other than English: _____ | <input type="checkbox"/> Speech difficulty |



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Wander tendency: Yes No

Approach Suggestions:

Noted Behaviors:

Special Considerations: (Check all that apply)

| | | |
|--|--|---|
| <input type="checkbox"/> Combative | <input type="checkbox"/> Paranoid | <input type="checkbox"/> Repeats phrases |
| <input type="checkbox"/> Noise Sensitive | <input type="checkbox"/> Touch sensitive | <input type="checkbox"/> Water attracted |
| <input type="checkbox"/> Tendency to run | <input type="checkbox"/> Disrobes/prefers nudity | <input type="checkbox"/> Fears dogs |
| <input type="checkbox"/> Combative if restrained | <input type="checkbox"/> Light sensitive | <input type="checkbox"/> Hugs |
| <input type="checkbox"/> Self-stimulation behavior: _____ | <input type="checkbox"/> Bothered by eye contact | <input type="checkbox"/> Fears Police/Fire/EMS personnel |

Has the registered person ever run away before? If so, where was he/she found/situation?

Are there special interests that registered person is drawn to? (Ex: water, trains, woods, beach, parks, stores...) _____

Contacts

Contact #1:

Full Name: _____ Relationship: _____

Address: _____ City/State/Zip: _____

Home Phone: () _____ Mobile Phone: () _____

Email address: _____



OLD ORCHARD BEACH
POLICE



Contact #2:

Full Name: _____ Relationship: _____

Address: _____ City/State/Zip: _____

Home Phone: () _____ Mobile Phone: () _____

Email address: _____

Vehicle

No Known Vehicle

Has Vehicle

Vehicle Make: _____ Model: _____ Year: _____

License Number: _____ State: _____ Color: _____

Remarks: _____

Any Additional Info

(Ex: Behaviors, medications, allergies etc...)

Photos

Photographs of the registrant may be submitted along with this form. Please attach recent photo of registrant.

Photo attached



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Signature Required

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.

Printed Name: _____

Signature: _____

Relationship: _____

Date: _____

**** Please return this application to: Olivia Dubois, Social Services Navigator, at the Old Orchard Beach Police Department. Application can be picked up at home. Please call (207) 710-4195 for assistance. Application can be emailed to: odubois@oobmaine.com**