

Johnson County Sheriff's Office

11880 S. Sunset Dr., Olathe, KS 66061

Take Me Home Program Registration

Person Information

| Name: | | Name to Call Me: | | |
|--------------------|-----------------|------------------|------------|--|
| Date of Birth: | Hair Color: | | Eye Color: | |
| Race: | Sex: | Height: | Weight: | |
| Home Address: | | | | |
| City: | State: | Zip Code: | Home #: | |
| Disability: | | | | |
| Treatment Facility | y (if applicabl | e): | | |
| Medication: | | | | |
| Other Information | ı: | | | |

Disclaimer

The information of the person on this form will be entered into the Johnson County Sheriff's Office **Take Me Home** program within the next **30** days.

Please note: Should there be any changes, it is the responsibility of the legal guardian or representative to notify the Sheriff's Office so that the program will contain the most up-to-date information.

Emergency Contact Information

| Name: | Relationship: | | |
|--------------------|---|--|--|
| Address: | | | |
| | | Work/Daytime #: | |
| | | | |
| Name: | Relationship: | | |
| Address: | | | |
| Home #: | Cell #: | Work/Daytime #: | |
| Name: | | Relationship: | |
| | | | |
| | | Work/Daytime #: | |
| | | | |
| Name: | Relationship: | | |
| Address: | | | |
| | | Work/Daytime #: | |
| | | | |
| Name: | Relationship: | | |
| Address: | | | |
| | | Work/Daytime #: | |
| am legally respons | sible for the named person above this information shared an | nder oath that I am the person named above or I ove for whom I have provided information and nong law enforcement personnel for enrollment | |
| Signature | | Date | |
| Witness | | | |