

**Do you have a loved one who may need special assistance in an emergency?**

**Is there information that will enable law enforcement to better understand their disability?**

**The Take Me Home Program is a confidential and local information system administered by the Sterling Police Department. It is designed to help those with Autism, Alzheimer's, Dementia, or any developmental disability by providing critical and timely information to law enforcement and first responders.**

**When you enroll your loved one into the Take Me Home Program, you provide key information including a physical description and emergency contact that enables the Sterling Police Department to locate or assist the enrolled individual in an emergency situation.**

**ENROLL NOW!**

**Complete the attached registration form.**

**Call the Sterling Police Department at 978-422-7331 for an appointment to submit the registration and have a digital picture taken.**

**Additional Registration Forms available online at [sterling-ma.gov](http://sterling-ma.gov) or at the following locations:**

**Sterling Police Department  
135 Leominster Road  
978 422-7331**

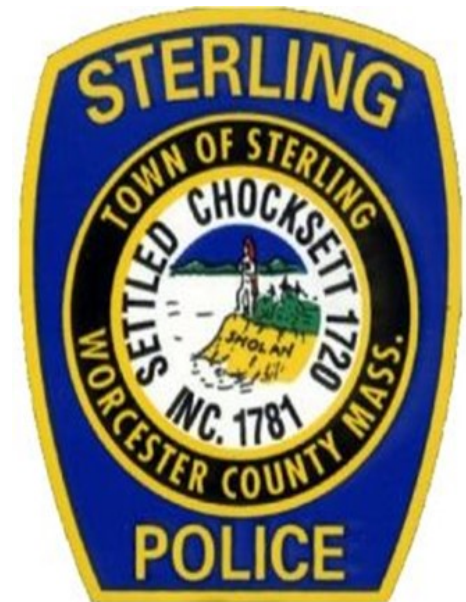
**Sterling Senior Center  
36 Muddy Pond Road  
978-422-3032**

**Sterling Fire Department  
5 Main Street**

**Sterling Library  
4 Meetinghouse Hill Road**

**Sterling Town Hall  
1 Park Street**

**TAKE ME  
HOME  
PROGRAM**  
*HELP US KEEP YOUR  
LOVED ONES SAFE*





Sterling Police Department  
 135 Leominster Road  
 Sterling, Massachusetts 01564

Business (978) 422-7331  
 Facsimile (978) 422-0222

Chief of Police  
 Gary M. Chamberland

## TAKE ME HOME REGISTRATION

### PERSONAL INFORMATION:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_  
 Nickname: \_\_\_\_\_ Home Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Facility Name: \_\_\_\_\_ Facility Phone Number: \_\_\_\_\_

### PHYSICAL DESCRIPTION:

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ Race: \_\_\_\_\_  
 Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_  
 Disability: Alzheimer's \_\_\_\_\_ Dementia \_\_\_\_\_ Down Syndrome \_\_\_\_\_ Autism \_\_\_\_\_ Other \_\_\_\_\_  
 Commonly Worn Items \_\_\_\_\_

### SPECIAL CONSIDERATIONS:

Combative \_\_\_\_\_ Wanderer \_\_\_\_\_  
 Triggers \_\_\_\_\_ Calmers \_\_\_\_\_  
 Other \_\_\_\_\_

### EMERGENCY CONTACTS:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Address \_\_\_\_\_ Primary Phone \_\_\_\_\_ E-Mail Address \_\_\_\_\_  
 \_\_\_\_\_  
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