

# KRUGERVILLE POLICE DEPARTMENT

5246 HWY 377 S., Suite 10  
Krugerville, TX 76227  
(940) 365- 5833  
(940) 349-1600



Chief James Edland  
jedland@kvpd.org  
www.kvpd.org

## HELP ME HOME APPLICATION

SUBMISSION DATE: \_\_\_\_\_

This data is valid for two (2) years from the date of submission or date of termination by applicant, which ever comes first.

Name of Applicant: \_\_\_\_\_

Relationship of Applicant to Registrant: \_\_\_\_\_

Address of Applicant: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Secondary Contact Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Registrants Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Date of Birth: \_\_\_ / \_\_\_ / \_\_\_  Male  Female Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Hearing Impaired: Yes \_\_\_ No \_\_\_

Home Address: \_\_\_\_\_

Is Registrant Approachable: Yes \_\_\_ No \_\_\_

Registrant Employed: Yes \_\_\_ No \_\_\_ Where: \_\_\_\_\_

Registrant in School: Yes \_\_\_ No \_\_\_ Campus: \_\_\_\_\_

Alzheimer's  Autism Spectrum Disorder  Down Syndrome  Dementia

Diabetic (Insulin Dependent)  Epileptic  Other (Details listed below)

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Place or Attraction he/she might try and access (park, store, restaurant, previous address)

Method of Communication (if non-verbal: sign language, written words, picture boards)

Favorite object or discussion topics (include like and dislikes)

Behavior triggers (things that will upset them or calm them down – objects they're scared of)

Unique Identifiers (tattoos, birthmarks, glasses, hearing aids, medical alert bracelets)

**Information provided is kept confidential and will only be released in the event of an emergency to the proper authorities who would be treating the registrant. Identification information is subject to public release for locating assistance purposes only!**

**I swear that the information provided above is true and correct to the best of my knowledge.**

**Applicant Signature:** \_\_\_\_\_