



Mahoning County Sheriff's Office
Sheriff Jerry Greene
Home Safe Program



Name: _____ Name to Call Me: _____
 (First, Middle, Last)

Date of Birth: _____ Hair Color: _____ Eye Color: _____

Race: _____ Sex: _____ Height: _____ Weight: _____

Home Address: _____ Phone: _____

City: _____ State: _____ County: _____ Zip Code: _____

Disability (please circle): Alzheimer's Autism Deaf Cognitive Ability

Other: _____

Allergies: _____

Medications: _____

Information an officer should know (calming techniques/words; behaviors; language level):

Emergency Contact Information (please provide 3 contacts)

Contact #1
 Name: _____ Email: _____ Phone: _____
 Address: _____
 Cell Phone: _____ Relationship: _____

Contact #2
 Name: _____ Email: _____ Phone: _____
 Address: _____
 Cell Phone: _____ Relationship: _____

Contact #3
 Name: _____ Email: _____ Phone: _____
 Address: _____
 Cell Phone: _____ Relationship: _____

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 Home Safe program. Please contact us annually to update the picture and if any information changes. If you have additional questions, please contact Home Safe Coordinator Major Jeffrey Allen, at 330-480-5012 or at JEFF.ALLEN@MAHONINGCOUNTYOH.GOV
 Mail registration form and a picture of the person being enrolled to Home Safe Mahoning County Sheriff's Office, 110 Fifth Avenue Youngstown, Ohio 44503 Attention Major Allen.

Signature _____ Date _____ (Please keep a copy for your records)