



Conserving the Peace
**WASHINGTON COUNTY
SHERIFF'S OFFICE**



Endangered Person Registry and Enrollment Form

APPLICATION INSTRUCTIONS

Help Me Home program eligibility: This program is designed for the identification and safe return of endangered or at-risk citizens who are unable to adequately communicate vital information to law enforcement. Residents must live within Washington County to be eligible to register.

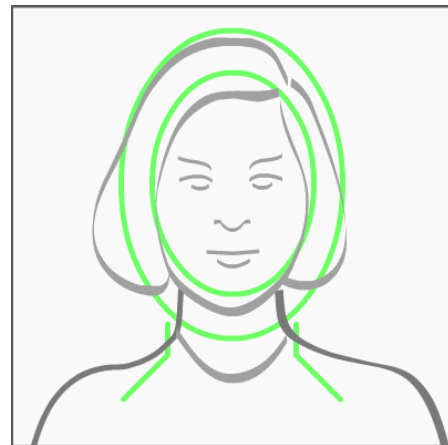
Cost: Registration requires a \$20 administrative fee to be paid to the Washington County Sheriff's Office. Checks payable to the Washington County Sheriff's Office. Please include on your check the program name and client name (example FOR: Help Me Home/John Smith). If the agreement is still in place two years after signing, an update of database information will be needed. An additional \$20.00 fee will be required for processing of the renewed information.

Enrollment and Release Form: Once the online enrollment and release documents are filled out either electronically or hand written, print it single-sided. Please mail the enrollment information pages, signed release form, current photo, and \$20 registration fee to: Washington County Sheriff's Office, 215 SW Adams Avenue, MS 32, Hillsboro, OR 97123.

Passport type photo: A current photo is vital to the success of finding a lost person in the Help Me Home program. Please refer to the photo guidelines. Passport type photos may be accomplished in one of the following ways: (1) Attach the photo with this mailed form; (2) Email the photo with the identified applicant's name to: helpmehome@co.washington.or.us; or (3) Contact Corrine Haning at (503) 846-6048 to set up an appointment to come to the Washington County Sheriff's Office in Hillsboro to have a phototaken.

The applicant's photo must meet the following guidelines:

- Color photo
- 2 x 2 inches (51 x 51 mm) in size
- Must reflect current appearance
- Taken in front of a plain white or off-white background
- Taken in full-face view directly facing the camera
- With a neutral facial expression and both eyes open
- Do not wear a hat or dark glasses
- Taken in clothing normally worn on a daily basis
- Select a digital image stored on your computer
- Resize and rotate if necessary
- Crop it to a square image of exactly 600 x 600 pixels, and
- Save it to your computer for printing or emailing



The Department of State offers a free photo tool to at:

https://travel.state.gov/content/dam/passports/content-page-resources/FIG_cropper.swf

(This tool requires [Adobe Flash Player 10 or later version](#) and may not work in the Chrome browser)



For additional questions regarding the Help Me Home program, please call (503) 846-6048

MEDICAL REMARKS:

APPROACH SUGGESTIONS:

NOTED BEHAVIORS:

SPECIAL CONSIDERATIONS (CHECK ALL THAT APPLY):

- | | | |
|---|--|--|
| <input type="checkbox"/> COMBATIVE | <input type="checkbox"/> LIGHT SENSITIVE | <input type="checkbox"/> SELF STIMULATION BEHAVIOR |
| <input type="checkbox"/> COMBATIVE IF RESTRAINED | <input type="checkbox"/> NOISE SENSITIVE | <input type="checkbox"/> SENSITIVE TO STIMULATION |
| <input type="checkbox"/> DISROBES OR PREFERS NUDITY | <input type="checkbox"/> PARANOID | <input type="checkbox"/> STRANGER UNRESPONSIVE |
| <input type="checkbox"/> FEAR OF DOGS | <input type="checkbox"/> REPEATS PHRASES | <input type="checkbox"/> TOUCH SENSITIVE |
| <input type="checkbox"/> HUGS | <input type="checkbox"/> RUN TENDENCY | <input type="checkbox"/> WATER ATTRACTED |

COMMUNICATION METHOD (CHECK ALL THAT APPLY):

- | | | |
|--|---|--|
| <input type="checkbox"/> ASSISTED COMMUNICATION DEVICE | <input type="checkbox"/> NON-COMMUNICATIVE | <input type="checkbox"/> SIGN LANGUAGE (ASL) |
| <input type="checkbox"/> HEARING DIFFICULTY | <input type="checkbox"/> NON-VERBAL | <input type="checkbox"/> SPEECH DIFFICULTY |
| <input type="checkbox"/> LANGUAGE OTHER THAN ENGLISH | <input type="checkbox"/> PICTURE COMMUNICATION SYSTEM | <input type="checkbox"/> VERBAL |

MEDICAL/PSYCHOLOGICAL ISSUES:

CAREGIVER #1 CONTACT AND RESIDENCE INFORMATION:

FIRST NAME	MIDDLE NAME	LAST NAME	SUFFIX (Ex. Jr)
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DATE OF BIRTH (Ex: MM/DD/YYYY)	DRIVERS LICENSE/ID NUMBER	ISSUING STATE	RELATIONSHIP
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ADDRESS	<input type="checkbox"/> SAME AS CLIENT	CITY
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STATE	ZIP CODE	PHONE (TYPE) Ex: (503) 555-5555	PHONE (TYPE) Ex: (503) 555-5555
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E-MAIL ADDRESS

RESIDENCE NOTES:

CAREGIVER #2 CONTACT AND RESIDENCE INFORMATION:

FIRST NAME	MIDDLE NAME	LAST NAME	SUFFIX (Ex. Jr)
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DATE OF BIRTH (Ex: MM/DD/YYYY)	DRIVERS LICENSE/ID NUMBER	ISSUING STATE	RELATIONSHIP
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ADDRESS	<input type="checkbox"/> SAME AS CLIENT	CITY
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STATE	ZIP CODE	PHONE (TYPE) Ex: (503) 555-5555	PHONE (TYPE) Ex: (503) 555-5555
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E-MAIL ADDRESS

RESIDENCE NOTES:

Voluntary Database Agreement and Release

This agreement is entered into by Washington County (hereinafter County) and Responsible Party (hereinafter RP).

Washington County, through the Washington County Sheriff's Office Search and Rescue group, has created a voluntary, secure law enforcement database to maintain information about persons who suffer from autism or other disorders which put them at risk of wandering away from their home or care providers (hereinafter Endangered Person). The purpose of this database is to provide information to Search and Rescue and other law enforcement entities in the event an Endangered Person becomes missing or endangered.

Washington County will be paid an administrative fee of \$20. The fee will be paid at the time of agreement submittal. If the agreement is still in place two years after signing, an update of database information will be needed. An additional \$20 fee will be required for processing of this updated information.

RP specifically acknowledges that by maintaining this voluntary database, Washington County is not providing any guarantee or warranty that the information will enable Endangered Person to be found, or that a search will be conducted within or for a certain period of time, or that a particular level or type of search will be conducted in the event the Endangered Person is reported missing. RP specifically agrees that Washington County is not assuming a duty of care or a duty to protect Endangered Person by virtue of creating and maintaining this database. RP agrees that by submitting information to this database, that submission does not create any right or expectation of any specific level or type of investigation, search or service by Washington County or its officers, elected officials, agents or employees.

By signing below, RP hereby releases, holds harmless and indemnifies Washington County, its officers, elected officials, employees and agents from all claims, actions, lawsuits, causes of action or judgments (including attorney fees) arising out of, or in connection with this agreement, specifically including any claims brought by RP, or on behalf of RP or by or on behalf of Endangered Person. IT IS THE INTENT OF RESPONSIBLE PERSON, IN SIGNING THIS AGREEMENT, TO WAIVE ALL CLAIMS AGAINST WASHINGTON COUNTY, ITS OFFICERS, ELECTED OFFICIALS, EMPLOYEES AND AGENTS RELATED TO THIS AGREEMENT OR THE ENDANGERED PERSON DATABASE.

County and RP are the only parties to this agreement and are the only parties entitled to enforce its terms. Nothing in this contract gives, is intended to give, or shall be construed to give or provide any benefit or right, whether directly, indirectly, or otherwise, to third persons, specifically including Endangered Person.

RP understands the information on this form shall be kept in a secure law enforcement database and will not be accessed, used or shared, except as needed to assist or locate the person who is believed to be missing or endangered.

This agreement shall be governed by and construed in accordance with the laws of the State of Oregon without regard to principles of conflicts of law. Any claim, action, suit or proceeding (collectively, "Claim") between County and RP that arises from or relates to this contract shall be brought and conducted solely and exclusively within the Circuit Court of Washington County for the State of Oregon; provided, however, if a Claim is brought in a federal forum, then it shall be brought and conducted solely and exclusively within the United States District Court for the District of Oregon. RP, BY EXECUTION OF THIS CONTRACT, HEREBY CONSENTS TO THE IN PERSONAM JURISDICTION OF SAID COURTS. The prevailing party in a Claim shall be entitled to reasonable attorney fees and costs as awarded by the court, including any appeal.

This agreement may be terminated by either party for any reason by providing written notice to the other party.

This agreement may only be amended by a written amendment signed by authorized agents of both parties.

THIS AGREEMENT CONSTITUTES THE COMPLETE AND EXCLUSIVE STATEMENT OF THE AGREEMENT BETWEEN THE PARTIES RELEVANT TO THE PURPOSE DESCRIBED HEREIN AND SUPERSEDES ALL PRIOR AGREEMENTS OR PROPOSALS, ORAL OR WRITTEN, AND ALL OTHER COMMUNICATION BETWEEN THE PARTIES RELATING TO THE SUBJECT MATTER OF THIS AGREEMENT.

BY SIGNING THIS AGREEMENT, YOU ARE WAIVING SPECIFIC LEGAL RIGHTS. Responsible parties are encouraged to seek the advice of an attorney if they have questions regarding the legal effect of this agreement.

RESPONSIBLE PARTY NAME PRINTED

DATE

RESPONSIBLE PARTY SIGNATURE

ADDRESS

PHONE

WITNESS NAME PRINTED

DATE

WITNESS SIGNATURE

CLIENT NAME PRINTED

Accepted By Medicaid (If Applicable)

BY: _____

SIGNATORY REPRESENTATIVE

Mail to: Washington County Sheriff's Office
Attn: Elder Safe
215 SW Adams Ave, MS 32
Hillsboro, OR 97123