



OAK FOREST POLICE DEPARTMENT

15440 Central Avenue, Oak Forest, Illinois 60452
TEL 708-687-1376 FAX 708-687-6218

Find My Home

The Find My Home program has been designed to help adults and children with disabilities that may be unable to find their way home in our town. It is a database only accessible to the Oak Forest Police Department to assist the individuals in finding their residence when they cannot communicate it.

The database will include a picture of the child or adult, information on their disability, physical description and emergency contact information. If the individual is encountered alone or is reported missing, the officers can access the database by their name or description to locate their information. This is a free service offered to the developmentally and cognitively disabled citizens of Oak Forest.

This program is open to any adult OR child who may have difficulty communicating due to a developmental or cognitive disability, while lost or in an emergency situation. These individuals tend to be at risk for wandering and may include people with disabilities such as Alzheimer's, Autism, Dementia, Down Syndrome etc. We ask that anyone enrolling an individual is either a family member, legal guardian or is turning in a signed registration form on behalf of the individual's family with their permission.

Information You Should Have Ready

- Contact information of at least 3 emergency contacts (addresses, names, and phone numbers).
- Information about the person you are registering such as their date of birth, hair and eye color, height, weight, disability, what school they attend (if they are in school)
- Medications they take on a daily basis
- Any other information an officer should know that may assist them in helping the individual, such as calming techniques, likes and dislikes, typical behaviors and language level, cognitive function, or places they like to visit

For additional information, contact Community Programs Officer Tracy Weiland at tweiland@oak-forest.org.

Find My Home

Responsible Party

FIRST NAME		LAST NAME	
ADDRESS:			
CITY	STATE	ZIP CODE	PHONE NUMBER
EMAIL			

Enrollee Information

FIRST NAME		LAST NAME	
ADDRESS:			
CITY	STATE	ZIP CODE	PHONE NUMBER
EMAIL			
RACE		SEX	DATE OF BIRTH
HEIGHT	WEIGHT	HAIR COLOR	EYE COLOR
DISABILITIES			
SPECIAL OR IMPORTANT INFORMATION			

EMERGENCY CONTACT NAME #1		EMERGENCY CONTACT NAME #2	
FIRST	LAST	FIRST	LAST
1 ST PHONE #		1 ST PHONE #	
2 ND PHONE #		2 ND PHONE #	
RELATIONSHIP TO ENROLLEE		RELATIONSHIP TO ENROLLEE	

EMERGENCY CONTACT NAME #3		EMERGENCY CONTACT NAME #4	
FIRST	LAST	FIRST	LAST
1 ST PHONE #		1 ST PHONE #	
2 ND PHONE #		2 ND PHONE #	
RELATIONSHIP TO ENROLLEE		RELATIONSHIP TO ENROLLEE	

UPLOAD A PHOTO OF THE ENROLLEE.

If you prefer, you can email the photo to tweiland@oak-forest.org or postal mail it to:

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Oak Forest, IL 60452