

Union County Sheriff's Office

Project Lifesaver enrollment application

Applicants Name:

Authorized Representative Information (will serve as primary contact)

Name:

Address:

City/State:

Home Phone:

Cell Phone:

Other Phone:

Email:

Name of employer:

Employer's address:

Work Phone:

Relationship to the Applicant:

Do you have Power of Attorney for the applicant you are seeking to enroll in Project Lifesaver ?

If No, please provide the name, address, phone number and relation to the applicant of the person who does:

Name:

Address:

Phone number:

Relationship to the Applicant:

Does applicant have a 24 hour caregiver?

List name(s) of 24 Hour caregiver(s)

Name:

Name:

Address:

Address:

Home Phone:

Home Phone:

Cell Phone:

Cell Phone:

Work Phone:

Work Phone:

Relation to Applicant:

Relation to Applicant:

Applicant Information(Person being enrolled in Project Lifesaver)

Name:

Nickname:

Address:

Date of Birth:

Current Age:

Height:

Weight:

Eye Color:

Hair Color:

Glasses:

Facial Hair:

How long has applicant resided at address?

Applicant's Medical/Health Information

Applicant's specific diagnosis?

When was applicant diagnosed?

Please list name, address and phone number for the physician(s) who diagnosed the applicant:

Please describe any other health related problems:

Please list all medications for applicant:

Describe any other distinguishing physical characteristics:

Is there any prior history of applicant becoming lost or wandering from home?

If Yes, please describe the event(s) in detail with dates:

If the applicant is accepted into the Project Lifesaver program, the following terms shall apply as well as the terms and conditions set forth in the Project Lifesaver Contract:	
I understand that enrollment into the Project Lifesaver program does not replace the need for a 24hr caregiver.	
I understand that a condition of this program is that the applicant shall not operate a motor vehicle.	
I understand that all information I have provided in this application will be shared among the Union County Sheriff's Office and the Union County Office of Aging, as well as the police department in the town where the applicant resides, and I understand that none of the information I provided or provide in the future can be considered confidential or protected.	
I acknowledge that the information I have provided in the Project Lifesaver application packet is true and accurate to the best of my knowledge.	
I hereby represent that I have full power and authority as the duly authorized representative of the applicant named above, to register and to act on his/her behalf. Applicant Name:	
Print Name:	(Authorized Representative)
Signature:	Date: