

# Project Lifesaver® Client Profile

## Personal Data Questionnaire

This form is designed for Custodial Care Givers to provide, in advance, certain information that will be useful to Search Teams, should the need arise. Providing the information in advance of the need will allow Search Management Personnel the necessary information to establish a more effective search response.

Resident: \_\_\_\_\_

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

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Date Transmitter Placed: \_\_\_\_\_

Facility/Organization: \_\_\_\_\_ Phone: \_\_\_\_\_

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

PL Servicer filling out this form: \_\_\_\_\_

PL Servicer that places transmitter on: \_\_\_\_\_

## Resident's Personal Data

Birthday: \_\_\_\_\_ Sex: Male/Female Race: \_\_\_\_\_

Nickname(s): \_\_\_\_\_

Most recent address: \_\_\_\_\_

Most recent place of work: \_\_\_\_\_

Most recent occupation: \_\_\_\_\_

Name of Spouse: \_\_\_\_\_ Living/deceased (circle)

## Family/Friend Information

Other persons the resident might contact (family, friends, etc.)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Relationship to client: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Relationship to client: \_\_\_\_\_

Responsible Party Paying for client: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Physical Description

Height \_\_\_\_\_ft. \_\_\_\_\_in. Weight \_\_\_\_\_lbs. Build \_\_\_\_\_

Hair color \_\_\_\_\_ Hair Style \_\_\_\_\_ Eye Color \_\_\_\_\_

Complexion \_\_\_\_\_ Beard Yes/No Sideburns Yes/No

Mustache Yes/No Balding Yes/No False Teeth Yes/No

Shape of facial features: Round/Square/Oval/Other \_\_\_\_\_

Distinguishing marks, scars, tattoos, etc. Describe \_\_\_\_\_

General Appearance \_\_\_\_\_

If Resident does not understand English, what language is understood? \_\_\_\_\_

Spoken word only Yes/No or Written/Spoken

Does Resident wear glasses? Yes/No Contacts? Yes/No Sunglasses Yes/No.

If yes to any of the above what style: \_\_\_\_\_

If resident wears glasses or corrective eyewear what degree of vision does he/she have without the eyewear? None/Poor/Fair (circle one)

**Personal Data Questionnaire**

Does Resident wear a hearing aid? \_\_\_\_\_ what style? \_\_\_\_\_

If yes, what type of hearing without Aid? None/Poor/Fair (circle one)

**Health/Psychological Condition**

Any known physical handicaps? \_\_\_\_\_  
(Describe please)

Any known medical problems? \_\_\_\_\_  
(Describe please)

Medications taken regularly? \_\_\_\_\_

List any medication using correct name of drug and dosage being taken: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Consequences of NOT taking medications? \_\_\_\_\_  
\_\_\_\_\_

Attending Physician \_\_\_\_\_ Phone No. \_\_\_\_\_

Any Psychological Problems? Yes/No Nature \_\_\_\_\_  
\_\_\_\_\_

If Alzheimer's disease has been diagnosed, Answer the following:

1. Does the Resident remain oriented to Time and Person? Yes/No  
Explain \_\_\_\_\_
2. Does the Resident recognize familiar persons and faces? Yes/No  
Explain \_\_\_\_\_
3. Can the Resident travel to familiar locations? Yes/No  
Explain \_\_\_\_\_
4. Does the Resident have deceased knowledge of current events or tend to re-live events in his/her life? Yes/No  
Explain \_\_\_\_\_
5. Does the Resident sometimes clothe himself/herself improperly? Yes/No  
Example: Putting shoes on the wrong feet, adding underwear over clothing?  
Explain if necessary \_\_\_\_\_
6. Does the Resident remember his/her own name and the names of spouse and or children? Yes/No  
Explain \_\_\_\_\_
7. Are the Resident's sleep patterns frequently? Yes/No  
Explain \_\_\_\_\_
8. Does the Resident suffer from frequent personality and emotional changes? Yes/No  
Explain \_\_\_\_\_
9. Does the Resident suffer from delusions (See Imaginary Visitors, Talk to his/her own reflection in the mirror, Imagine that their spouse is an imposter, etc?) Yes/NO  
Explain \_\_\_\_\_
10. How good is the Resident's communication ability? None/Poor/Fair/Good/Excellent (circle one please)

Personal Articles Normally Carried by the Resident:

Tobacco Products: Yes/No      Type \_\_\_\_\_ Brand \_\_\_\_\_

Candy/Gum: Yes/No      Brand \_\_\_\_\_

Matches: Yes/No      Lighter: Yes/No      Type \_\_\_\_\_

Food Items: \_\_\_\_\_

Facial tissue or other pocket/purse items: \_\_\_\_\_

Approximate Amount of Cash on Hand? \$ \_\_\_\_\_

Where Normally Carried \_\_\_\_\_

Handbag, Purse or Wallet:

Description \_\_\_\_\_ Type \_\_\_\_\_ Color \_\_\_\_\_

Jewelry (Please describe) \_\_\_\_\_

Watch? \_\_\_\_\_ Type \_\_\_\_\_ Color \_\_\_\_\_ Description \_\_\_\_\_

**Equipment**

Cane/Walker or \_\_\_\_\_ Hunting/Fishing, Etc. \_\_\_\_\_ (circle one or describe)

Other: \_\_\_\_\_

**Experience**

Familiar with area? Yes/No      How recently \_\_\_\_\_ Days/Months/Years

If not local, what other areas are known to Resident? \_\_\_\_\_

Taken outdoor classes? Yes/No Where? \_\_\_\_\_ When? \_\_\_\_\_

Taken first-aid training? Yes/No Where? \_\_\_\_\_ When? \_\_\_\_\_

Involved in Scouting? Yes/No Explain \_\_\_\_\_

Military Experience? Yes/No Where? \_\_\_\_\_ When? \_\_\_\_\_

Recreational Outdoor Experience? Yes/No \_\_\_\_\_

Overnight Camping Experience? Yes/No \_\_\_\_\_

Ever been lost before? Yes/No Where \_\_\_\_\_

When \_\_\_\_\_ Time of Day \_\_\_\_\_

Located by searchers or walk out by himself/herself? \_\_\_\_\_

Location found \_\_\_\_\_

Actions taken \_\_\_\_\_

Ever go out alone? Yes/No stay on trails? Yes/NO

General Athletic Interest/Abilities \_\_\_\_\_

**Personality Habits**

Smoke? Yes/No How often \_\_\_\_\_ what \_\_\_\_\_ Brand \_\_\_\_\_

Drink Alcohol? Yes/No What Type? \_\_\_\_\_ Brand \_\_\_\_\_

Use Illicit Drugs? Yes/No How often \_\_\_\_\_ Type \_\_\_\_\_

Hobbies/Interests \_\_\_\_\_

Outgoing or Quiet; Likes Groups or being alone?

Evidence of Leadership Yes/No Explain \_\_\_\_\_

Ever been in trouble with the law? Yes/NO What \_\_\_\_\_

Religious? Yes/No what faith \_\_\_\_\_

What does Resident value most? \_\_\_\_\_

Which family member is resident closest to? \_\_\_\_\_ Relationship \_\_\_\_\_

Where was Resident born and raised? \_\_\_\_\_

Has Resident received any letter recently? Yes/No from Whom \_\_\_\_\_

Is resident afraid of Dogs? Yes/No The dark? Yes/No Noises? Yes/NO (circle one beside each)

Horses? Yes/No People? Yes/No Other (explain) \_\_\_\_\_

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What actions taken hurt? (Cry, shout, etc.?) \_\_\_\_\_

Will Resident talk to strangers? Yes/No(circle one)

Is the Resident DANGEROUS to him/herself or others? Yes/No(circle one)



# *Project Lifesaver®*

## *Program Contract*

If applicant is accepted into the Project Lifesaver Program, the following terms shall apply as agreed to upon the signing of the Project Lifesaver contract:

I acknowledge that the information I have provided is true and accurate to the best of my knowledge. All information provided has been given voluntarily, and I consent to the collection, use and disclosure of such information for the purposes of Project Lifesaver. Furthermore, I hereby represent and warrant that I have full power and authority as the duly authorized representative of the Applicant named below, to register and act on his/her behalf. My Power of Attorney and/or Power of Personal Care is attached, if needed.

THEREFORE, IN CONSIDERATION of the mutual promises and obligations contained herein, the sufficiency of which is acknowledged, the parties agree as follows, each to their respective obligations:

1. I understand that when I enroll an Applicant in Project Lifesaver, that it does not replace the need for constant supervised care of the person. I am, and remain, primarily responsible for supervised care and take fully responsibility of protecting this person from wandering. I also understand that I, or a family member, must be present in the home with the Applicant at all times.
2. I understand that Project Lifesaver equipment is designed to be an additional aid to help locate a missing person and that there is no warranty, representation or guarantee that a person will be found because they are wearing a Project Lifesaver bracelet. Project Lifesaver equipment is designed to provide law enforcement personnel with an additional technology in attempting to locate the Applicant. I also acknowledge that this is an experimental program for aiding in the search and rescue of persons suffering from diminished mental capacity or other disability.
3. In order for Project Lifesaver to work, I have a responsibility to obey the instructions of the Program, follow all training, and make sure that the person that I enroll is wearing the Project Lifesaver transmitter bracelet. If the bracelet has been removed or is defective; I will call Project Lifesaver immediately.
4. When I notice that the Applicant enrolled has wandered off, I must immediately call the emergency number supplied by Project Lifesaver and report the Applicant as a missing person. Project Lifesaver teams will respond to search. I understand and acknowledge that the Project Lifesaver device cannot predict or report that the Applicant has wandered off. It is used solely as an aid for emergency personnel when notified the Applicant is missing.
5. An initial \$ 300.00 transmitter/battery & tester cost with a monthly maintenance fee of \$ 25.00 shall be payable at the 1<sup>st</sup> day of each month, by checks only payable to Project Lifesaver Anchorage
6. I understand that while Project Lifesaver is an electronic tracking device that assists in locating persons who wear the bracelet device, there may be unforeseen times or circumstances when individuals cannot be located even while wearing the transmitter bracelet. I will not hold Project Lifesaver or any of its employees or volunteers, Provincial or city Law

Enforcement or Fire and Rescue Agencies (collectively the "Releases") involved liable for failure to locate the person using the system, and hereby release all such Releases from any claim, cause of action, loss or damages arising from any inability or delay in locating the Applicant.

7. I understand that all information I have provided in this application may be shared among Local Law Enforcement, Fire and Rescue, and other necessary agencies in the community where I reside. Therefore, I understand that none of the information I have provided or will provide in the future can be considered confidential or protected or private when used for the purposes of the Project Lifesaver Program, [notwithstanding the provisions of the Personal Information Protection and Electronic Documents Act].
8. I specifically waive any rights to confidentiality to the Applicant's medical records by Project Lifesaver International or any of Project Lifesaver's member agencies which includes dissemination of such information. I confirm that I have the authority by which to waive such rights.
10. I understand that Project Lifesaver is a program administered by:  
Anchorage Police Department Auxiliary Search Team  
\_\_\_\_\_. I agree to release and hold each agency and all of their respective personnel, officers and volunteers harmless from any and all claims of liability and/or damage, and waive any and all rights to seek recourse for any losses or injury that may occur as a result of participation in the Project Lifesaver Program.
10. I understand that the transmitter and tester remain the property of Project Lifesaver and when no longer being used by the Applicant to whom it was assigned will be returned undamaged to Project Lifesaver to be assigned to another participant in the Program. I shall remain liable for any loss or damage to all such equipment and for the replacement cost of all such equipment until returned to Project Lifesaver.
11. I understand that if I fail to use the tester device at least once per day and record the results on the supplied test result monthly inspection sheet, or if I fail to notify Project Lifesaver immediately when I discover the Applicant missing, or if I fail to notify Project Lifesaver if I test the transmitter device and find no signal indication, or if the Applicant refuses to wear or removes the device 3 (three) times, then the Applicant may be involuntarily removed from the program. All property will then be returned to Project Lifesaver and I will return to the original security measures, which were in place prior to enrollment in Project Lifesaver, and without recourse to Project Lifesaver.

\_\_\_\_\_  
CAREGIVERS NAME (PRINTED)

\_\_\_\_\_  
CAREGIVERS SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
(WITNESS)

\_\_\_\_\_  
APPLICANTS NAME

\_\_\_\_\_  
FOR PROJECT LIFESAVER

\_\_\_\_\_  
(AFFILIATE NAME)