Application

Name of Applicant       DATE COMPLETED

My Preferred Name is

Address

City       State       Zip       Township

Phone (home)       (cell)

Email

Birthdate       Gender: male  female

Person Responsible for Applicant

Relationship to Applicant

Address

City       State       Zip

Phone (home)       (cell)

Email

Diagnosis       Date of Diagnosis

Diagnosed by (doctor)

(facility)

Description of Wandering History (Include dates if known and if law enforcement was notified.

Will your loved one tolerate the wearing wrist band? If no, please explain.

Does your loved one have funding for Project Lifesaver?

|  |  |  |  |
| --- | --- | --- | --- |
| Please check the answer that best describes your loved one. Please use the space at the bottom or back of the page to provide an explanation for every YES answer. | | YES | NO |
| 1. | My loved one does not understand the dangers of environmental features such as temperature, deep water, woods, parking lot, street or road traffic. |  |  |
| 2. | My loved one is extremely trusting of strangers. |  |  |
| 3. | My loved one tends to be fixated on leaving or going to a particular place. [“home”, park, zoo, store, school, etc.] |  |  |
| 4. | My loved one is unable to tell an adult their name, address, or other identifying information. |  |  |
| 5. | My loved one has eloped or ‘wandered off’ in the past 6 months. |  |  |
| 6. | My loved one has eloped or ‘wandered off’ more than 6 months ago. |  |  |
| 7. | My loved one has a particular fear, phobia or trigger that may cause them to want to ‘get away’. |  |  |
| 8. | Other measures to prevent elopement have been tried without success or are not feasible. [door chimes/alarms, room monitor, fenced yard] |  |  |
| 9. | My abilities as caregiver/supervisor are limited. |  |  |

In the event of a rescue, please list helpful approaches your loved one may best respond to.

Other

Office use only:

Payment Source:

Who to contact for payment verification

Approved: