



Project Lifesaver Client Application

CLIENT INFORMATION	
Name:	_____
Address:	_____
City/State:	_____
Zip:	_____
Phone:	_____
Birthday:	_____ Sex: Male/Female (circle one)

APPLICANT INFORMATION	
Name:	_____
Address:	_____
City/State:	_____
Zip:	_____
Phone:	_____
Birthday:	_____ Sex: Male/Female (circle one)

CLIENT'S MEDICAL DIAGNOSIS OR CONDITION

QUALIFYING QUESTIONS	
Does the client have the ability to wonder from his/her residence?	<input type="radio"/> YES <input type="radio"/> NO
Has the client ever been lost before or have they ever wondered away from home?	<input type="radio"/> YES <input type="radio"/> NO
Does the client have the ability to communicate with others?	<input type="radio"/> YES <input type="radio"/> NO
Will the client communicate or talk to strangers?	<input type="radio"/> YES <input type="radio"/> NO
Can the client articulate to strangers who they are, where they live, and/or give directions on how to get home?	<input type="radio"/> YES <input type="radio"/> NO
Is the client a danger to himself/herself or others?	<input type="radio"/> YES <input type="radio"/> NO
Does the client remain oriented to time, person, and place?	<input type="radio"/> YES <input type="radio"/> NO
Does the client remain oriented to current events or do they tend to re-live events in his/her life?	<input type="radio"/> YES <input type="radio"/> NO
Does the client have the ability to remember his/her name and/or the names of family members?	<input type="radio"/> YES <input type="radio"/> NO
Does the client suffer from delusions?	<input type="radio"/> YES <input type="radio"/> NO
Does the client have the ability to perform basic life functions? <i>(Cooking, personal hygiene, clothe themselves)</i>	<input type="radio"/> YES <input type="radio"/> NO
Does the client have a daily care giver that will have the ability to monitor the program's equipment and complete daily logs?	<input type="radio"/> YES <input type="radio"/> NO

CLIENT'S PHYSICIAN INFORMATION
Name: _____
Address: _____
City/State: _____
Zip: _____
Phone: _____

APPLICANT VERIFICATION		
<p>I, as the applicant, understand and agree that if the person specified in this application as the client is accepted into this program that it does not replace the need for constant supervised care of the client and that a caregiver will have daily responsibilities that include equipment testing and the completion of paperwork. I also understand that there will be a monthly fee of \$10.00 required for participation in this program. Furthermore, upon acceptance, I realize that I will be required to complete a program contract agreeing to the rules and regulations of the Project Lifesaver Program as administered by the Putnam County Sheriff's Department.</p>		
<table style="width: 100%; border: none;"> <tr> <td style="border: none; width: 70%;">_____ <i>Signature of Caregiver / Applicant</i></td> <td style="border: none; width: 30%;">_____ <i>Date</i></td> </tr> </table>	_____ <i>Signature of Caregiver / Applicant</i>	_____ <i>Date</i>
_____ <i>Signature of Caregiver / Applicant</i>	_____ <i>Date</i>	

OFFICE USE ONLY
<input type="radio"/> Approved <input type="radio"/> Rejected
SUPERVISOR REVIEW
1 st Line Supervisor Review: _____ Date: _____
OIC Staff Operations Review: _____ Date: _____
Sheriff's Review and Approval: _____ Date: _____

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