

Project Lifesaver Program

Program Requirements

1. The person wearing the transmitter must have someone with them 24/7. They cannot be left alone to sleep, drive, run errands, etc. The Project Lifesaver Program is designed to be used in emergency, missing person situations, not for daily monitoring.
2. The person wearing the transmitter must no longer be allowed to drive.
3. A deputy from the Shelby County Sheriff's Office must be allowed to come change the battery on the transmitter once per month.

Instructions

Please complete the attached paperwork. The "Client" will be the person wearing the transmitter, and the "Caregiver" will be the primary caregiver and contact person for the Shelby County Sheriff's Office to schedule battery changes and other maintenance.

Once the paperwork is complete, please return to Sergeant Shane Plyler at the Shelby County Sheriff's Office by one of the methods below:

- A. In person at 380 McDow Road, Columbiana, AL 35051
- B. By mail to
Sergeant Shane Plyler
PO Box 1095
Columbiana, AL 35051
- C. By email to splyler@shelbyso.com

Questions? Call 205-670-6061

Shelby County Sheriff's Office

Project Lifesaver

Alabama

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 to do their job faster, when needed.

Client Information

Name: _____

Nickname(s): _____

Address: _____

City/State: _____ Zip: _____

Description of Residence: _____

Phone: _____ Social Security Number _____

Most Recent Prior Address: _____

Most Recent Place of Work: _____

Most Recent Occupation: _____

Birth date: _____ Age: _____ Sex: M / F Race: _____

Height: _____ Weight: _____ Build _____ Complexion: _____

Eye Color: _____ Hair Color: _____ Hair Style: _____

Shape of facial features: Round / Square / Oval / Other _____

Beard: Yes / No Sideburns: Yes / No Mustache: Yes / No False Teeth: Yes / No

Distinguishing Marks: _____

Does Client Wear Glasses? Yes / No Contacts? Yes / No Sunglasses? Yes / No

If yes to any of the above, what style? _____

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

Does Client wear a Hearing Aid? _____ What Style? _____

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

If Client does not understand English, what Language is understood? _____

Spoken word only: Yes / No (circle one) Written word: Yes / No (circle one)

Name of Spouse: _____ Living / Deceased (circle)

Any known physical handicaps? _____
(Describe please)

Any known medical problems? _____
(Describe please)

List any medications using correct name of drug and dosage taken: _____

Consequences of NOT taking medications? _____

Primary Doctor: _____ Telephone No. () _____

Additional Doctor: _____ Telephone No. () _____

Pharmacy Used: _____ Telephone No. () _____

Personal Items Normally in Possession

Photograph

- Candy/Gum
- Cane/Stick
- Eye Glasses
- Jewelry
- Knife/Tools
- Oxygen
- Scooter
- Tobacco
- Walker
- Wallet/Purse
- Wheelchair
- Wig
- Other _____

Shelby County Sheriff's Office

Project Lifesaver

Care Giver Information

Care Giver Name: _____

Address: _____

City/State: _____ Zip: _____

Home Phone: _____ Cell: _____ Work: _____

Social Security Number _____ Care Giver Relationship: _____

Family/Friend Information

Other persons the Client may contact (family, friends, etc.)

Name: _____ Address: _____

Phone: _____ Relationship: _____

Name: _____ Address: _____

Phone: _____ Relationship: _____

Name: _____ Address: _____

Phone: _____ Relationship: _____

Name of Person filling out this form: _____

For Office Use:

Date Transmitter Placed: _____ Frequency Number: 215. _____

Assigned Deputies: _____

Entered in CAD: _____ Entered in ILeads: _____

1. Does the Client remain oriented to Time and Person? Yes / No
Explain: _____
2. Does the Client recognize familiar persons and faces? Yes / No
Explain: _____
3. Can the Client travel to familiar locations? Yes / No
Explain: _____
4. Does the Client have decreased knowledge of current events or tend to re-live events in his/her life? Yes / No
Explain: _____
5. Does the Client sometimes clothe themselves improperly? Yes / No
Example: Putting shoes on wrong feet or adding underwear over clothing?
Explain: _____
6. Does the Client remember their own name and names of spouse and/or children? Yes / No
Explain: _____
7. Are the Client's sleep patterns frequent? Yes / No
Explain: _____
8. Does the Client suffer from frequent personality and emotional changes? Yes / No
Explain: _____
9. Does the Client 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. Describe any behavioral characteristics which may help identify the registrant or any behaviors which are consistent with the individual: _____

11. Describe any certain ways the client should be approached or methods which should be used if they are located: _____

12. Has the client previously had an episode of wandering? Yes / No
If yes, where was the client located: _____

13. Describe the client's overall MENTAL health: _____

Any Psychological Problems? Yes / No Nature: _____

14. Describe the client's overall PHYSICAL health: _____

15. Describe any medical conditions that would require attention: _____

16. List any allergies the client may have, including food and medication allergies: _____

17. Provide any additional comments you may have which are important: _____

Shelby County Sheriff's Office
Project Lifesaver
Waiver of Liability

{STATE OF ALABAMA}

{COUNTY OF SHELBY}

KNOW ALL MEN BY THESE PRESENTS, that I, _____, have applied for _____, to receive a Project Lifesaver Transmitter, fitted with a removable band. I also certify that all Project Lifesaver Rules and Regulations have been explained to me and I agree to follow all Project Lifesaver Rules and Regulations.

I, my heirs and assigns, further agree and consent to hold the Shelby County Sheriff's Office, Shelby County Commission, Project Lifesaver, Alzheimer's of Central Alabama and any and all agencies under its jurisdiction, their officials, employees, and agents free and harmless for any injury or consequences of whatsoever kind or nature, which may result from participation in Project Lifesaver regardless of kind or type of injury or consequences and regardless of the cause thereof.

I further agree to indemnify the Shelby County Sheriff's Office, Shelby County Commission, Project Lifesaver, Alzheimer's of Central Alabama and other jurisdictions, their officials, employees, and agents from any cost or expense incurred as the results of any claim, demand, settlement, defense, or litigation brought by me, my heirs, or assigns, or any person, as a result of any injury whatsoever occurring to me as a result of my participation in said Project Lifesaver.

It is my, _____, responsibility to place the Transmitter/Band on _____ when I feel it necessary.

Signature of person receiving transmitter:

Signature of approving family member and/or primary caregiver:

Witnessed this ____ day of _____, 20____.

Shelby County Sheriff's Office

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Alabama

Care Giver Instructions

1. Check the transmitter every day with the tester provided. If problems exist or the transmitter isn't indicating transmission (no pulsing red light), notify the Shelby County Sheriff's Office right away. Complete the test log once per day.
2. If the patient is missing, first check obvious places around your home. If not located, notify the Shelby County Sheriff's Office at (205) 670-6000.
 - A. If at home, you may give the dispatcher your code number and we'll call you back while responding.
 - B. If you are not at home, be sure to give the telephone number where we may reach you and your code number.
3. If you have looked for the patient and cannot find them, DO NOT WAIT. Call the Shelby County Sheriff's Office immediately. Time is of the utmost importance.