Keith Chapman
Town Manager

TOWN OF NEWINGTON

300 Garfield Street
Newington, Connecticut 06111

Police Department

Stephen Clark
Chief of Police

PROJECT LIFESAVER ENROLLMENT APPLICATION (ADULT)

Client Name:_____

Nickname(s): _____

Address:_____

City: _____State: _____ Zip Code:_____

Home Phone: _____Cell Phone: _____

Length of time residing at the above address: _____

Former address(es) of Client:_____

CLIENT DESCRIPTION

Date of Birth:_____ Current age:_____ Sex: M F

Height: ____ft_ ___in Weight: _____ Build: _____

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

Race: _____ Complexion:_____

Facial Hair: _____ Scars, Marks, Tattoos: _____

_____

If client does not understand English, indicate what language is understood:_____

Glasses: Yes No Hearing Aid(s): Yes No Mobility Aids:_____

Does Client go out alone? Yes No Explain if "Yes": _____

_____

_____

_____

CLIENT HEALTH

Diagnosis: _____ Date of Diagnosis: _____

Additional known medical issues: _____

_____

Known psychological issues: _____

_____

Known physical handicaps: _____

_____

Medications (name, dosage, and frequency): _____

_____

Attending physician: _____ Phone number: _____

WANDERING HISTORY

Prior history of wandering: YES NO If "Yes", explain including dates, locations, and outcomes: _____

_____

_____

CLIENT HABITS/PERSONALITY

Uses tobacco products: YES NO Carries matches: YES NO Carries lighter: YES NO

Uses alcohol: YES NO If "Yes", type and frequency: _____

Carries cash: YES NO If "Yes", amount and where carried: _____

Interests/hobbies: _____

_____

_____

Outgoing or Quiet ? Talks to strangers: YES NO Danger to self or others: YES NO

Client's fears (dogs, cats, people, noises, darkness, etc.): _____

_____

_____

Client's actions when hurt or frightened (cry, shout, hide, etc.): _____

_____

_____

Client has access to a vehicle: YES NO If "Yes", plate number and description of vehicle:

_____

_____

LIST OF EMERGENCY CONTACTS IF CLIENT IS LOST/WANDERING

Name: _____ Relationship to Client:_____
Address: _____

Name: _____ Relationship to Client:_____
Address: _____

Name: _____ Relationship to Client:_____
Address: _____

CAREGIVERS

Name: _____ Relationship to Client:_____

Address: _____

Home Phone:_____ Cell Phone: _____ Email: _____

Employer Name: _____

Employer Address: _____

Work Phone: _____ Email: _____

Name: _____ Relationship to Client: _____

Address: _____

Home Phone:_____ Cell Phone: _____ Email: _____

Employer Name: _____

Employer Address: _____

Work Phone: _____ Email: _____

LONG TERM/MANAGED CARE/NURSING HOME CLIENTS

Facility/Organization Name: _____

Address: _____

Contact Person: _____ Phone: _____ Fax/Email: _____

POWER OF ATTORNEY

Complete if an individual has power of attorney for the client. Enclose a copy of the power of attorney with the application.

Name: _____ Relationship to Client: _____
Address: _____
Home Phone: _____ Cell Phone: _____ Email: _____

LIABILITY INFORMATION/RELEASE

Please read this section carefully and sign prior to submitting the application.

I, (caregiver name)_____, acknowledge that the information I have provided in this application is true and accurate. I understand that acceptance into the Newington Police Department's Project Lifesaver Program **does not replace the need for constant supervised care of the client.**

(A) I, (caregiver name) _____ attest that (client name) _____ is personally supervised by me and/or by another **responsible adult, 24 hours a day, 7 days a week**.

(B) I, (caregiver name) _____ attest that (client name) _____ **is not left unsupervised at any time**.

If both statements (A) and (B) above are NOT TRUE, the potential client is ineligible for enrollment in the Project Lifesaver Program. If any portion of the caregiver(s) responses are inaccurate, the client will no longer be eligible for participation in the Project Lifesaver Program.

I understand that while Project Lifesaver utilizes a global tracking device that aids in locating individuals who wear the transmitter, there may be times when an individual cannot be located due to device malfunction or other unforeseen circumstances. I agree to assume any/all responsibility associated with the participation in the Newington Police Department's Project Lifesaver Program.

I understand that the information I have provided in this application will be shared within the Newington Police Department and with other search and rescue agencies/organizations. I understand that none of the information I have provided, or provide in the future, will be considered confidential or protected.

I also understand that Project Lifesaver is a program sponsored by the Newington Police Department and works in collaboration with other area agencies. Should the client be accepted in the Project Lifesaver Program, he/she agrees to release and hold the Newington Police Department and their respective personnel harmless form 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 their participation in the Newington Police Department Project Lifesaver Program.

I have read the Project Lifesaver "Fact Sheet" and agree to its terms and conditions. I represent the client and proclaim that I have **full power and authority as the duly authorized representative of the applicant** to register and act on his/her behalf.

Caregiver name (print): _____

Caregiver Signature: _____