

# **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](mailto: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: \_\_\_\_\_

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### 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: \_\_\_\_\_

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13. Describe the client's overall MENTAL health: \_\_\_\_\_

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

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14. Describe the client's overall PHYSICAL health: \_\_\_\_\_

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15. Describe any medical conditions that would require attention: \_\_\_\_\_

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

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

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**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

# Project Lifesaver

## Caregiver Addendum

***As caregiver for the client (person wearing the transmitter) in the Project Lifesaver Program, I understand and agree that (please initial after each statement):***

1) The client cannot be allowed to drive a motor vehicle. \_\_\_\_\_ (Caregiver initials)

2) The client cannot be left alone without a caregiver, parent, guardian, etc. and must have 24/7 supervision. \_\_\_\_\_ (Caregiver initials)

3) A Deputy with the Shelby County Sheriff's Office will come to the client's home once per month to change the battery. \_\_\_\_\_ (Caregiver initials)

4) The client must have their battery tested once per day by a caregiver, family member, guardian, sitter, nurse, teacher, etc. \_\_\_\_\_ (Caregiver initials)

5) If I no longer wish to participate in the Project Lifesaver Program, I agree to return all supplies and equipment provided to me back to the Shelby County Sheriff's Office.

\_\_\_\_\_ (Caregiver initials)

6) If our transmitter does not work during the daily battery test or goes missing, I agree to notify the Shelby County Sheriff's Office within 24 hours. \_\_\_\_\_ (Caregiver initials)

I understand that these guidelines are set by Project Lifesaver International, and that the Shelby County Sheriff's Office is a participant in the Project Lifesaver Program and must abide by the established guidelines. I understand that failure to abide by these guidelines at any time may result in our removal from the Project Lifesaver Program.

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Caregiver Signature

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Date



## Shelby County Sheriff's Office

# Project Lifesaver

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.