

Project Lifesaver of Sherburne County

Phone: 763-765-3500

APPLICANT'S NAME: (Name of Individual for whom this application is being made)					
FAMILY / CAREGIVER INFORMATION					
NAME:		RELATIONSHIP TO APPLICANT:			
Are you the Parent of, or Guardian of, or do you have durable power of attorney for health care that has been activated for the Individual you are seeking to enroll in Project Lifesaver? YES NO					
If not, please provide the name, address and phone number of who is, and their relationship to the Alzheimer's Individual, Autistic Person, or person with other related disease.					
HOME ADDRESS:		HOME PHONE:		CELL PHONE:	
FAX #:	EMAIL ADDRESS:		EMPLOYER:		
ADDITIONAL EMERGENCY CONTACT INFORMATION					
NAME:		RELATIONSHIP TO APPLICANT:			
HOME ADDRESS:		HOME PHONE:		CELL PHONE:	
FAX #:	EMAIL ADDRESS:		EMPLOYER:		
EMPLOYER ADDRESS:		WORK PHONE:		EMAIL ADDRESS:	
APPLICANT INFORMATION: (Individual that has Alzheimer's disease, Autism, or related disease)					
FULL LEGAL NAME:			NICKNAME:		
What is the Applicant's specific diagnosis?					
When was the Applicant diagnosed?					
D.O.B.	CURRENT AGE:	HEIGHT:	WEIGHT:	EYE COLOR:	HAIR COLOR:
Describe any other distinguishing physical characteristics:					
How long has this individual been living at this address?					

MEDICAL INFORMATION

Is there any prior history of becoming lost or wandering from home? If yes, please describe the event(s) in detail with dates. (Attach additional paper if needed):

Please list the name, address and phone number of the physician who diagnosed the Applicant:

Describe any other health related problems:

Please have the applicant's physician sign below verifying that the applicant is or may be at risk for wandering as indicated by specific diagnosis on front page.

Physician name (Printed)

Date

Physician Signature

Please fax or mail this application form to the Sherburne County Sheriff's Office. After receiving this application, someone will be in contact with you to set up an appointment.

**Sherburne County Sheriff's Office
Attention: Deputy Roxanne Schreder
13880 Business Center Drive
Elk River, MN 55330 - 1692
Direct Phone: 763-765-3579
Fax: 763-441-7303**