



PROJECT LIFESAVER Of EAU CLAIRE COUNTY

Program Referral Application

Applicant's Name: *(Name of individual for whom this application is being made)*

FAMILY/CAREGIVER INFORMATION

Name:

Relationship to Applicant:

Please indicate your authority to enroll this individual in Project Lifesaver®?

- Spouse
- Son or Daughter, in absence of Spouse
- Family member having legal, primary caregiver responsibility
- Assisted living or nursing home administrator requiring transmitter for client to reside at the facility.
- Father or Mother, if client is a minor
- Power of Attorney for health care

Home Address:

Home Phone:

Cell Phone:

Fax:

E-mail Address:

Employer:

Employer Address:

Work Phone:

Work E-Mail Address:

ADDITIONAL EMERGENCY CONTACT INFORMATION

Name:

Relationship to Applicant:

Home Address:

Home Phone:

Cell Phone:

Fax:

E-mail Address:

Employer:

Employer Address:

Work Phone:

Work E-Mail Address:

APPLICANT INFORMATION: *(Individual who has Alzheimer's Disease, Autism or related disease)*

Full Legal Name:			Nickname:		
What is Applicant's specific diagnosis?					
When was Applicant diagnosed?					
DOB:	Current Age:	Height:	Weight:	Eye Color:	Hair Color:
Describe any other distinguishing physical characteristics:					
How long as the individual been living at this address?					

MEDICAL INFORMATION

Is there any prior history of becoming lost or wandering from home? <input type="checkbox"/>Yes <input type="checkbox"/>No If yes, please describe the event(s) in detail with dates. <i>(Attach additional sheets as needed)</i>	
Please list the name, address and phone number of the physician who provides treatment to the Applicant:	Describe any other health related problems:

Applicant's Name (printed)

Date

Applicant's Signature

Please e-mail or mail this application form to the Eau Claire County Sheriff's Office, Deputy Melissa Solem, 721 Oxford Ave Suite 1400 Eau Claire, WI 54739 or melissa.solem@eau Clairecounty.gov.

After receiving this application, we will be in contact with you to set up an appointment.