



# Richland County PROJECT LIFESAVER Application

Name of Applicant \_\_\_\_\_ DATE COMPLETED \_\_\_\_\_

My Preferred Name is \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Township \_\_\_\_\_

Phone (home) \_\_\_\_\_ (cell) \_\_\_\_\_

Email \_\_\_\_\_

Birthdate \_\_\_\_\_ Gender: male \_\_\_ female \_\_\_

Person Responsible for Applicant \_\_\_\_\_

Relationship to Applicant \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone (home) \_\_\_\_\_ (cell) \_\_\_\_\_

Diagnosis \_\_\_\_\_ Date of Diagnosis \_\_\_\_\_

Diagnosed by (doctor) \_\_\_\_\_

(facility) \_\_\_\_\_

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# Richland County PROJECT LIFESAVER

Description of Wandering History (Include dates if known and if law enforcement was notified.

Use back side or add pages as needed)

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Will your loved one tolerate the wearing wrist band? If no, please explain. \_\_\_\_\_

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Does your loved one have funding for Project Lifesaver? \_\_\_\_\_

Please check the answer that best describes your loved one. Please use the space at the bottom or back of the page to provide an explanation for <u>every</u> YES answer.		YES	NO
1.	My loved one does not understand the dangers of environmental features such as temperature, deep water, woods, parking lot, street or road traffic.		
2.	My loved one is extremely trusting of strangers.		
3.	My loved one tends to be fixated on leaving or going to a particular place. ["home", park, zoo, store, school, etc.]		
4.	My loved one is unable to tell an adult their name, address, or other identifying information.		
5.	My loved one has eloped or 'wandered off' in the past 6 months.		
6.	My loved one has eloped or 'wandered off' more than 6 months ago.		
7.	My loved one has a particular fear, phobia or trigger that may cause them to want to 'get away'.		
8.	Other measures to prevent elopement have been tried without success or are not feasible. [door chimes/alarms, room monitor, fenced yard]		
9.	My abilities as caregiver/supervisor are limited.		

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**Return Application to:**

**ADRC of Eagle Country - Richland Center Office, 221 W Seminary St, Richland Center, WI 53581**



# Richland County PROJECT LIFESAVER

In the Event of a rescue, please list helpful approaches your loved one may best respond to.

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Other

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Office Use Only:

Payment Source (select one): Private Pay / Children's Long Term Support / Family Care / IRIS / ADRC \_\_\_\_\_

Who to contact for payment verification: \_\_\_\_\_

Approved: \_\_\_\_ Yes \_\_\_\_ No

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