

Bergen County Sheriff's Office



Project Lifesaver Application

Name: _____



PARTICIPATION CRITERIA

- Participants must be diagnosed with Alzheimer's, Autism, Down Syndrome, dementia or a related disorder.
- Participants must live in Bergen County in a private residence with a 24-hour, live-in caregiver.
- There is a one-time equipment fee of \$300 for the wrist transmitter, band, battery, clips and battery tester. Income-eligible participants may qualify for a waiver of the initial equipment fee.
- A monthly maintenance fee of \$13 covers the cost of the bracelet and battery.
- The wrist transmitter remains the property of the Bergen County Sheriff's Office. Once the individual is no longer utilizing the unit, it is returned and reassigned to another participant in the program.

**INSERT
PHOTO
HERE**

**Please Provide a Current
Headshot Photo
2 ½ X 2 ½**



**PROJECT LIFESAVER
Personal Data**

PLEASE COMPLETE THE FOLLOWING INFORMATION:

Last Name	
First Name	
Middle Name	
Address	
City	
State	
Zip Code	
Phone Number	
Nickname	
Date of Birth	
Race	
Sex	
Height	
Weight	
Hair Color	
Hair Style	
Facial Hair	
Eye Color	
Glasses	
Skin Tone	
Diagnosis	

Physical Description

Height: _____ Weight: _____ Build: _____

Hair Color: _____ Hair Style: _____

Complexion: _____ Beard: **Yes No** Side Burns: **Yes No**

Mustache: **Yes No** Balding: **Yes No** False Teeth: **Yes No**

Does resident wear glasses: **Yes No** Contacts: **Yes No** Sunglasses: **Yes No**

If Resident wears glasses or corrective eyewear what degree of vision does he/she have without the eyewear: **None Poor Fair**

Does Resident wear a hearing aid: **Yes No**

Shape of Facial Features: **Round Square Oval** Other: _____

Distinguishing Marks, Scars, Tattoos, Etc. (Describe): _____

General Appearance: _____

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

Personal Data

Name of spouse: _____ **Living Deceased**

Occupation/Retired from: _____

Health / Psychological Condition

Known physical handicaps (describe): _____

Known medical problems (describe): _____

Medications taken regularly: _____

List any medication(s), using correct name of drug and dosage being taken: _____

Consequences of NOT taking medications: _____

Attending Physician: _____ Telephone: _____

Any psychological problems: **Yes No** Nature of problems _____

Check One: Alzheimer's Developmental Brain Injury Dementia

Does the Resident remain oriented to time and person: **Yes No**

Explain: _____

Does the Resident recognize familiar people and faces: **Yes No**

Explain: _____

Can the Resident travel to familiar locations: **Yes No**

Explain: _____

Does the Resident have decreased knowledge of current events or tend to re-live events in his/her life:
Yes No

Explain: _____

Does the Resident sometimes dress him/herself improperly: **Yes No**

Explain: _____

Does the Resident remember his/her own name and the names of spouse/children: **Yes No**

Explain: _____

Are the Resident's sleep patterns irregular: **Yes No**

Explain: _____

Does the Resident suffer from frequent personality and emotional changes: **Yes No**

Explain: _____

Does the Resident suffer from delusions (see imaginary visitors, talk to his/her own reflection in the mirror, imagine that his/her spouse is an imposter, etc.) **Yes No**

Explain: _____

How good is the Resident's communication ability: **None Poor Fair Good Excellent**

Personal articles normally carried by the Resident:

Approximate amount of cash on hand: \$ _____

Where normally carried:

Handbag Purse Wallet Pocket

Description: _____ Type: _____ Color: _____

Jewelry (describe): _____

Watch: _____ Type: _____ Color: _____ Description: _____

What does the Resident most value: _____

Which family member is Resident closest to: _____ Relationship: _____

Where was Resident born and raised: _____
(City, State, and Country)

Is Resident afraid of:

Dogs: **Yes** **No**

The Dark: **Yes** **No**

Noises: **Yes** **No**

Horses: **Yes** **No**

People: **Yes** **No**

Other (explain): _____

What actions do the Resident take when hurt (cry, shout, etc.): _____

Will the Resident talk to strangers: **Yes** **No**

Is the Resident DANGEROUS to him/herself or others: **Yes** **No**

Equipment

Cane: **Yes** **No**

Walker: **Yes** **No**

Other (describe): _____

If not local, what other areas are known to the Resident: _____

Taken outdoor classes: **Yes** **No** Where: _____ When: _____

Taken first aid training: **Yes** **No** Where: _____ When: _____

Involved in scouting: **Yes** **No** Explain: _____

Military experience: **Yes** **No** Where: _____ When: _____

Ever been lost before: **Yes** **No** Where: _____ When: _____

Located by searchers: _____

Location found: _____

Actions taken: _____

Ever go out alone: **Yes** **No**

General athletic interests/abilities: _____

Personality/Habits

Smoke: **Yes** **No** How often: _____ What: _____

Drink alcohol: **Yes** **No** What type: _____

Use illicit drugs: **Yes** **No** How often: _____ Type: _____

Hobbies/Interests: _____

Outgoing: **Yes** **No**

Quiet: **Yes** **No**

Likes groups: **Yes** **No**

Being alone: **Yes** **No**

Evidence of leadership: **Yes** **No** Explain: _____



Family/Friend Information

*** Other persons the resident may contact

Name: _____ Address: _____

Phone: _____

CAREGIVER INFORMATION
PERSONAL DATA QUESTIONNAIRE

This form is designed for Caregivers to provide, in advance, certain information that will be useful to Search Teams, should the need arise. Providing the information in advance will allow search personnel to do their jobs faster when needed.

Name: _____

Address: _____

City/State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____

BERGEN COUNTY SHERIFF'S OFFICE
PROJECT LIFESAVER
CAREGIVER INSTRUCTIONS

1. Check the transmitter every day with the tester provided. Sign and date the tester sheet. If a problem exists or the transmitter isn't indicating transmission (no pulsing or steady, glowing red light), notify us immediately.
2. If the patient is missing, first check obvious places around the home. If not located within a few minutes, notify your local police department along with the Bergen County Sheriff's Office via the phone number provided below.

***Be sure to tell them you are part of Project Lifesaver**

- A. If you are at home, we will call you back while we are responding.
- B. If the patient lives out-of-town or you are away from home, notify the local police department after you call us. Provide them with a good description including clothing. Carrying a current picture is helpful. Remember to leave a phone number where you can be reached and stay near the phone.

**BERGEN COUNTY SHERIFF'S OFFICE
PROJECT LIFESAVER CONTRACT**

THIS AGREEMENT is made this ____ day of _____ 2011, by and between the BERGEN COUNTY SHERIFF'S OFFICE (hereinafter the "BCSO"), and _____ (Responsible Party), whose address is _____ (City/Town), _____ (State), _____ (Zip Code).

WHEREAS, the BCSO serves the community through the efforts of volunteer members who perform benevolent, humanitarian, and charitable services, principally air and ground search and rescue and disaster relief; and,

WHEREAS, the BCSO is undertaking a program for search and rescue using electronic signaling devices as an aid in searching for lost persons who suffer in one form or other from diminished mental capacity or other disability; and,

WHEREAS, the BCSO is under no legal or other duty to provide such a search system to persons suffering from such diminished capacity or disability; and,

WHEREAS, the BCSO does not act as an agent, representative, or surrogate for any other person, body, or legal entity in undertaking the program, and neither obligates nor is able to obligate any other person, body, or legal entity by undertaking such program; and,

WHEREAS, the RESPONSIBLE PARTY named herein, is empowered, able, and authorized to act in the name of and on behalf of the person named in Section 1 below; and,

WHEREAS, the RESPONSIBLE PARTY desires to participate for the benefit of the person named in Section 1 below in the program being undertaken:

THEREFORE:

IN CONSIDERATION OF THE MUTUAL PROMISES MADE HEREIN, the above parties agree as follows:

1. The BCSO agrees to furnish to the RESPONSIBLE PARTY named above for the use and benefit of _____, a CARE TRAK system consisting of a Wrist Band transmitter or its equivalent together with monitoring, response and tracking services appropriate and necessary for the use of each piece of equipment.

2. The RESPONSIBLE PARTY will pay a monthly maintenance fee for the purchase of (1) battery, (1) new nylon band, and (1) new band clincher per month, said sum to be equal to the current pricing of equipment at Project Lifesaver headquarters. Payment should be paid on or before the 10th (tenth) day of each month to Project Lifesaver.
3. It is the duty of _____, the RESPONSIBLE PARTY, to immediately notify their local police department in the event the designated wearer of the CARE TRAK tracking bracelet is discovered missing from the RESPONSIBLE PARTY'S care.
4. In the event that the CARE TRAK bracelet is no longer needed by the designated wearer of said bracelet, the BCSO is to be notified immediately so that said bracelet can be removed.
5. If the CARE TRAK bracelet is lost or otherwise rendered unusable, the RESPONSIBLE PARTY shall reimburse the BCSO immediately. The RESPONSIBLE PARTY may purchase another bracelet at their expense.
6. It is expressly understood and agreed that the BCSO is responsible for the routine' maintenance of the CARE TRAK equipment provided hereunder however, the BCSO is NOT responsible in any respect for any technical failure due to manufacturing or material defects of the equipment herein provided. It is expressly understood and agreed that the BCSO makes no warranties of any kind with regard to the equipment described herein, the operation or effectiveness of the equipment, described herein, the fitness or suitability of the equipment described herein for a particular purpose, or the merchantability of the equipment described herein. In addition, the BCSO is not responsible for any failure of the telephone pager system used for emergency messages or alerts. Telephone systems and pager systems fail to perform or under-perform from time to time. The BCSO makes no warranties of any kind with regard to telephone or pager systems used in the program.
7. In the event of failure of the CARE TRAK equipment described herein, the BCSO will attempt to replace or repair such equipment at its option, upon being notified of the need for such service.
8. It is specifically agreed and understood that the BCSO shall retain all title and interest in said equipment, and in no way does the lessee acquire any title in said equipment.
9. This agreement may be terminated at the option of either party upon thirty (30) days written notice to the other party.

10. The RESPONSIBLE PARTY expressly acknowledges and agrees that the CARE TRAK bracelet tracking system is NOT intended to replace the care, monitoring, attention, and oversight to be provided by the RESPONSIBLE PARTY to the person named in Section 1 above. The RESPONSIBLE PARTY, on behalf of the bracelet wearer, accepts the use of the CARE TRAK equipment and the services described above with the understanding that the CARE TRAK equipment and services are intended to be merely an additional and ancillary (supplemental) tool providing an extra means of locating the wearer of the CARE TRAK bracelet in the event that the wearer is discovered missing.

11. NOTICE: READ SECTION 11 VERY CAREFULLY!
DO NOT SIGN THIS CONTRACT UNLESS YOU UNDERSTAND THIS SECTION! SECTION 11 WAIVES IMPORTANT LEGAL RIGHTS AND CLAIMS!
YOU ARE RECOMMENDED TO CONSULT YOUR OWN ATTORNEY BEFORE SIGNING THIS CONTRACT!

_____, the RESPONSIBLE PARTY, hereby releases the BCSO from any and all liability arising from any failure of the CARE TRAK equipment or any failure of the BCSO of whatever sort, kind, or nature, regarding the performance and fulfillment of the monitoring, response, and tracking services described in Section 1 above, or any other ends for which this agreement is made.

The BCSO shall not be held responsible for any failure, delay, default, interruption, stoppage, or interference or any other failure of any kind, manner, or nature regarding the performance of the equipment or services under this contract.

_____, the RESPONSIBLE PARTY, hereby releases and holds harmless the BCSO for all action and inaction on its part, and indemnifies the BCSO against all claims, actions, lawsuits, or causes of action brought against the BCSO, whether by RESPONSIBLE PARTY, or on RESPONSIBLE PARTY'S behalf, or by others, even if such claim is false or fraudulent, and regardless of who the parties may be.

_____, the RESPONSIBLE PARTY, hereby releases and holds harmless (1) the Bergen County Sheriff's Office; (2) the County of Bergen; (3) any and all members of the BCSO, as well as any and all other persons or entities associated with the BCSO in conducting the program involving the use of the CARE TRAK equipment and the provision of said services described herein. Such parties named in this paragraph shall be released and held harmless to the full extent and in every manner identified in Section 11 regarding the BCSO.

13. The RESPONSIBLE PARTY understands and agrees that the BCSO makes no warranties, guarantees, assurances, or promises of any kind as to the effectiveness or success of the tracking services provided herein, or of any search or searches undertaken utilizing the CARE TRAK system or other electronic equipment used during the term of this contract or program.
14. The RESPONSIBLE PARTY specifically agrees and promises NOT to rely upon the equipment or services herein for the safety, security, welfare, finding, or retrieval of the wearer of the CARE TRAK bracelet.
15. The RESPONSIBLE PARTY agrees and understands that the equipment and services provided under this contract may be ineffective and unavailing for the purposes provided. Therefore, the RESPONSIBLE PARTY specifically disclaims any reliance, expectation of success or dependence upon the equipment or services for the health, safety, welfare, finding, rescue, or retrieval of the person named in Section 1 above.

By signing below, I, the RESPONSIBLE PARTY, affirm that I have read and understand this contract; including the waiver and release of liability in Section 11, the limitation of liability in Section 12, and the non-reliance provisions of Section 14, and that it is my desire and intention to enter into this agreement. By affixing my signature below, I hereby agree to the terms and provisions of this contract.

Signature-Responsible Party

Print Name-Responsible Party

ADDRESS

CITY, STATE, ZIP CODE

TELEPHONE NUMBER

WITNESS-Bergen County Sheriff's Office

DATE

*Please print & submit completed form to:
Bergen County Sheriff's Office
Community Outreach Unit
10 Main Street
Hackensack, NJ 07601*