



Scotland County Sheriff's Office

Project Lifesaver Enrollment Application

(Adult)



Ralph Kersey - Sheriff

Client's Name: _____

Nickname (s): _____

Address (actual): _____

City / State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Other: _____

Prior Address: _____

City / State: _____ Last Lived There: _____

Prior Address: _____

City / State: _____ Last Lived There: _____

DOB: _____ Sex: Male / Female / Other: _____ Race: _____

Height: _____ ft. _____ in. Weight: _____ lbs. Build: _____ Complexion: _____

Hair Color: _____ Hair Length: _____ Eye Color: _____ Glasses: **Yes** ___ **No** ___

Distinguishing scars, marks, tattoos (describe): _____

Car Make: _____ Model: _____ Color: _____ Reg. State: _____ License No. _____

Car Make: _____ Model: _____ Color: _____ Reg. State: _____ License No. _____

Social Media User Name(s): _____

Caregiver's Name: _____ Relationship: _____

Address (actual): _____ Resides: **Yes** ___ **No** ___

Parent 1 Name: _____ Maiden Name: _____

Address (actual): _____ Resides: **Yes** ___ **No** ___

Home Phone: _____ Cell Phone: _____ Other: _____

Parent 2 Name: _____

Address (actual): _____ Resides: **Yes** ___ **No** ___

Home Phone: _____ Cell Phone: _____ Other: _____



Scotland County Sheriff's Office

Project Lifesaver Enrollment Application

(Adult)



Other Family / Close Friends Client May Visit:

Spouse: _____

Address (actual): _____

Home Phone: _____ Cell Phone: _____ Other: _____

Name: _____ Relationship: _____

Address (actual): _____

Home Phone: _____ Cell Phone: _____ Other: _____

Name: _____ Relationship: _____

Address (actual): _____

Home Phone: _____ Cell Phone: _____ Other: _____

Name: _____ Relationship: _____

Address (actual): _____

Home Phone: _____ Cell Phone: _____ Other: _____

Name: _____ Relationship: _____

Address (actual): _____

Home Phone: _____ Cell Phone: _____ Other: _____

Doctor: _____ Phone: _____

Address: _____

All Medical Diagnoses: _____

Function / Disability: _____

Physical Disabilities: _____

Mental Health Concerns: _____

Medications: _____





Scotland County Sheriff's Office

Project Lifesaver Enrollment Application

(Adult)



Consequence of not taking medications: _____

Emotional Triggers (dogs, people, noises, etc.): _____

Actions when hurt or frightened: _____

Communicates Verbally: **Yes** ____ **No** ____ Language _____ Point to pictures: **Yes** ____ **No** ____

Talk to strangers: **Yes** ____ **No** ____ Intentionally avoid/hide: **Yes** ____ **No** ____ Affinity to water: **Yes** ____ **No** ____

Prior history of wandering: **Yes** ____ **No** ____ If "YES", explain locations and outcomes: _____

Describe your security measures / plan to prevent wandering, eloping or becoming disoriented: _____

Additional information that can assist in a search / rescue of the client: _____





Scotland County Sheriff's Office

Project Lifesaver Enrollment Application

(Adult)



The information provided in this application will be kept on file with the Scotland County Sheriff's Office and in the event the client wanders, elopes or becomes disoriented, will be used to aid in the search and rescue of the client. The information may be shared with other law enforcement agencies for the sole purpose of aiding in the search and rescue of the client. Portions of the information provided in this application will be entered in the National Project Lifesaver database which can only be accessed by Project Lifesaver organizations in the event the client is reported missing.

I, _____ (caregiver), attest that I have full power and authority to represent the client and act on his / her behalf. I acknowledge that the information I have provided in this application is true and accurate. I attest that _____ (client) is personally supervised by me and / or another responsible adult 24 hours a day, 7 days a week. I understand that enrollment in the Scotland County Sheriff's Office Project Lifesaver program does not replace the need for constant supervised care of the client. I understand that I will update the information with the SCSO Project Lifesaver coordinator on an annual basis or as the information changes.

Print Caregiver Name: _____

Date: _____

Caregiver Signature: _____

Official Use Only

Application received by: _____

Date: _____

Application approved: **Yes** ___ **No** ___

By: _____

Reason (if no): _____

Picture provided: **Yes** ___ **No** ___

IEP / ISP shown: **Yes** ___ **No** ___

Transmitter number: _____

Information updated: _____

Termination

Date ended: _____

By: _____

Reason for termination: _____

Equipment returned date: _____

To: _____

Removed from database by: _____

