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Sequim Police Department

Project Lifesaver

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Sequim, WA 98382
Phone: (360) 683-7227
Fax: (360) 683-4556

Personal and medical information requested is necessary for both locating the wandering person (Participant) and providing appropriate care and/or treatment of the person once located. The caregiver is not obligated to provide all information requested, but more complete information will be more helpful to accomplish the goals of Project Lifesaver. The information obtained about the Participant will be maintained as confidential and only disclosed to the extent necessary to either locate the Participant or provide appropriate care/treatment when located.

PARTICIPANT NUMBER	FREQUENCY	DATE ASSIGNED

Date battery was last changed:

RECENT PHOTOGRAPH:

PARTICIPANT'S NAME	AGE	SEX	DATE OF BIRTH	RACE
		◯ Male ◯ Female		

HEIGHT	WEIGHT	HAIR COLOR	EYE COLOR

STREET NUMBER	ADDRESS (STREET NAME ONLY)

Section 1: Family Member / Primary Caregiver Information

1.1 Name:		
1.2 Relationship to Participant:		
1.3 Street Address:		
1.4 City, State & Zip:		
1.5 Home Phone:	Cell Phone:	Work Phone:
1.6 E-Mail:	Work E-Mail:	

Section 2: Family Member / Secondary Caregiver Information

2.1 Name:		
2.2 Relationship to Participant:		
2.3 Street Address:		
2.4 City, State & Zip:		
2.5 Home Phone:	Cell Phone:	Work Phone:
2.6 E-Mail:	Work E-Mail:	

ADDITIONAL FAMILY MEMBERS / CAREGIVERS (to include all people who reside in the residence):

2.7 Name:		
2.8 Relationship to Participant:	Cell Phone:	Work Phone:
2.9 Name:		

2.10 Relationship to Participant:	Cell Phone:	Work Phone:
2.11 Name:		
2.12 Relationship to Participant:	Cell Phone:	Work Phone:
2.13 Name:		
2.14 Relationship to Participant:	Cell Phone:	Work Phone:
2.15 Are you as the caregiver willing to abide by the requirements of the program?	Yes	No
2.16 Are "temporary caregivers" outside the home, willing to abide by the program requirements?	Yes	No

Section 3: Participant Information

Legal Name:	Nickname:	SSN

3.2 Street Address:

3.3 City, State & Zip:

3.4 How long has the Participant been living at this address?

3.5 Participant's specific diagnosis, that makes him/her at-risk for wandering?

3.6 Please describe any other health-related problems the Participant has that may be relevant to locating or providing care if Participant is located: (attach additional pages if necessary)

3.7 Is there any prior history of the Participant becoming lost or wandering from home? ☐ Yes ☐ No

3.8 If "yes", please describe the event(s) in detail, with dates and location where Participant was found: *(attach additional pages if necessary)*

3.9 Is there any additional information you would like to provide regarding the Participant? *(attach additional pages if necessary)*

3.10 Does the Participant presently have access to a motor vehicle/keys?

3.11 Make and Model: State & Tag No.:

3.12 Is the Participant continually supervised, twenty-four hours a day, seven days a week?

3.13 Does the Participant attend school or other supervised care program outside the home?

If yes, please complete the following: How long have they attended?

3.14 School / Program Name:

3.15 Facility Address:

3.16 Phone: How is the Participant transported to and from school?

3.17 Hours:

3.18 Will the Participant be willing to wear the transmitter on wrist at all times? ◯ Yes ◯ No

3.19 If no, will the Participant be willing to wear the transmitter around an ankle at all times? ◯ Yes ◯ No

3.20 Does the Participant have a history of aggressive or violent behavior? ◯ Yes ◯ No

3. 21 Is the Participant able to communicate? Mark all that apply: ◯ Speak ◯ Write ◯ Sign ◯ Deaf ◯ Mute ◯ Other

3.22 Explain:

3.23 Participant's level of communication comprehension:

3.24 If Participant does not understand English, what language is understood?

3.25 Is the Participant able to read? ◯ Yes ◯ No Reading Level:

3.26 Does the Participant wear: ◯ Glasses ◯ Contacts ◯ Reading Glasses

3.27 If yes to any of the above, what style?

3.28 What degree of vision does the Participant have without eyewear? ◯ Good ◯ Fair ◯ Poor

3.29 Does the Participant wear a Hearing Aid? If so, what style?

3.30 What degree of hearing does the Participant have without an Aid? ◯ Good ◯ Fair ◯ Poor

3.31 Does the Participant wear a watch or any other jewelry on the wrist? ☐ Yes ☐ No

Section 4: Health & Psychological Conditions

4.1 Current Primary Care Physician:	
4.2 Primary Care Physician's Address:	
4.3 Primary Care Physician's Phone:	
4.4 Specialist Care Physician, if applicable:	
4.5 Specialist Care Physician's Address:	
4.6 Specialist Care Physician's Phone:	

4.7 **MEDICAL CONDITIONS:**	**Date of Diagnosis:**

4.8 **PSYCHOLOGICAL CONDITIONS:**	**Date of Diagnosis:**

MEDICATIONS:

4.8 Medication:	4.9 Dosage:
4.10 Reason:	

4.11 Consequence of **NOT** taking this medication:

4.12 Medication:

4.13 Dosage:

4.14 Reason:

4.15 Consequence of **NOT** taking this medication:

4.16 Medication:

4.17 Dosage:

4.18 Reason:

4.19 Consequence of **NOT** taking this medication:

PLEASE USE ADDITIONAL SHEET OF PAPER, IF NEEDED, FOR ADDITIONAL MEDICATIONS

4.20 Does the Participant have any mobility problems? ◯ Yes ◯ No

4.21 If YES, please explain:

4.22 Does the Participant use a cane or any other mobility assistance? ◯ Yes ◯ No

Section 5: Miscellaneous Information

5.1 When was the Participant diagnosed?

5.2 Does the Participant remain oriented to time and place? ◯ Yes ◯ No

5.3 Explain:

5.4 Does the Participant recognize familiar persons and faces? ◯ Yes ◯ No

5.5 Explain:

5.6 Can the Participant travel to familiar locations? ◯ Yes ◯ No

5.7 Explain:

5.8 Does the Participant have decreased knowledge of current events or tend to re-live past events? ◯ Yes ◯ No

5.9 Explain:

5.10 Does the Participant sometimes dress improperly? ◯ Yes ◯ No

5.11 Explain:

5.12 How well does the Participant communicate? ☐ None ☐ Poor ☐ Fair ☐ Good ☐ Excellent

5.13 Is the Participant verbal? ◯ Yes ◯ No | Does the Participant respond to his/her own name? ◯ Yes ◯ No

5.14 Explain:

5.15 Does the Participant remember his/her own name? ◯ Yes ◯ No

5.16 Explain:

5.17 Does the Participant remember the names of spouse and/or children?

5.18 Explain:

5.19 Are the Participant's sleep patterns frequently altered? ◯ Yes ◯ No

5.18 Explain:

5.21 Does the Participant suffer from frequent personality and emotional changes? ◯ Yes ◯ No

5.18 Explain:

5.23 Does the Participant 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

5.18 Explain:

PERSONAL ATTRIBUTES AND ARTICLES NORMALLY CARRIED BY THE PARTICIPANT:

5.25 Tobacco Products: Type: Brand:

5.26 Matches: Brand:

5.27 Candy / Gum: ◯ Yes ◯ No Brand:

5.28 Food Items:

5.29 Facial Tissue / Other pocket/purse items:

5.30 Approximate amount of cash on hand? $

Where is it normally carried?

5.31 Handbag, Purse, or Wallet (describe):

5.32 Jewelry (describe):

Watch (describe):

5.33 Cane / Walker: ◯ Yes ◯ No	Describe:
5.34 Hunting / Fishing Equipment: ◯ Yes ◯ No	Describe:

5.35 Where does the Participant carry identification information?

5.36 Does the Participant wear a medical ID bracelet or other device to identify disability? ◯ Yes ◯ No

5.37 Does the Participant wear a "Safe Return" bracelet? ◯ Yes ◯ No

5.38 Does the Participant have difficulty judging personal space? ◯ Yes ◯ No

5.39 Through experience, is there a "most effective" way to approach the Participant? ◯ Yes ◯ No

5.40 If YES, please explain:

5.41 What preventative measures have been taken in the home to prevent the Participant from wandering?

5.42 Does the Participant have unusual reactions to his/her sensory environment (touch, sound, bright lights, odors, animals, etc.)? ◯ Yes ◯ No

5.40 If YES, please explain:

5.44 Does the Participant engage in any self-stimulatory behavior (hand-flapping, body rocking, finger flicking, spinning, or shaking parts of his/her body)? ◯ Yes ◯ No

5.40 If YES, please explain:

5.46 Is the Participant insensitive to pain? ◯ Yes ◯ No

5.47 Does the Participant have trouble with direct eye contact? ◯ Yes ◯ No

5.48 Does the Participant dart away from you unexpectedly (bolt & run)? ◯ Yes ◯ No

5.49 Does the Participant react differently to foods? ◯ Yes ◯ No

5.50 If YES, what foods does the Participant react well to?

5.51 What foods does the Participant react adversely to?

5.52 If YES, please explain:

5.53 What preventative measures have been taken in the home to prevent the Participant from wandering?

PARTICIPANT'S EXPERIENCE:

5.54 Is the Participant familiar with the neighborhood?

Length of Residence:

5.55 Is the Participant familiar with the 1 mile radius from home/school/location where last seen? ◯ Yes ◯ No

5.56 Is the Participant familiar with the layout of the county? ◯ Yes ◯ No

5.57 If not local, what other areas are known to the Participant?

5.58 Has Participant taken outdoor classes? ◯ Yes ◯ No Explain:

5.59 Has Participant taken First Aid training? ◯ Yes ◯ No Explain:

5.60 Was Participant involved in Scouting? ◯ Yes ◯ No Explain:

5.61 Does Participant have Military experience? ◯ Yes ◯ No Explain:

5.62 Recreational outdoor experience? ◯ Yes ◯ No Explain:

5.63 Overnight camping experience? ◯ Yes ◯ No Explain:

5.64 Does the Participant swim or participate in water-based activities? ◯ Yes ◯ No

5.65 Explain:

5.66 Does the Participant have experience with the public transportation system? ◯ Yes ◯ No

5.67 Ever been lost before? ◯ Yes ◯ No

Where / When:

5.68 Was Participant found or walked out on his/her own?

5.69 Location found:

Actions taken:

5.70 Does Participant ever go out alone?

◯ Yes ◯ No

Explain:

5.71 Does Participant stay on trails?

◯ Yes ◯ No

Explain:

5.72 General athletic interests / abilities:

PERSONALITY / HABITS

5.73 Does the Participant drink alcohol? ◯ Yes ◯ No

Explain:

5.74 If YES, what is the average intake per day/week?

5.75 Does the Participant use illicit drugs? ◯ Yes ◯ No

Explain:

5.76 Hobbies / Interests:

5.77 Is the Participant outgoing (groups) or reserved (alone)? ◯ OUTGOING ◯ RESERVED ◯ NEITHER EXTREME

5.78 Does the Participant show evidence of leadership?

◯ Yes ◯ No

Explain:

5.79 Is the Participant religious?

◯ Yes ◯ No

Explain:

5.80 What faith?

5.81 What physical items does the Participant value most?

5.82 Which family member is the Participant closest to?

5.83 What is the nature of their relationship (relative, friend, etc.)?

5.84 Where was the Participant born and raised?

5.85 Has the Participant received any recent correspondence? ◯ Yes ◯ No

5.86 If yes, from whom and where does this person live?

5.87 Is the Participant afraid of: ◯ DOGS ◯ THE DARK ◯ NOISES ◯ PEOPLE ◯ OTHER

5.88 If OTHER, please explain:

5.89 What action does the Participant take when hurt? ◯ CRY ◯ SHOUT ◯ REMAIN SILENT ◯ OTHER

5.90 If OTHER, please explain:

5.91 Will the Participant talk to strangers? ◯ Yes ◯ No

Will the Participant approach strangers? ◯ Yes ◯ No

5.92 Is the Participant DANGEROUS to themselves or others? ◯ Yes ◯ No ◯ THEMSELVES ◯ OTHERS

5.93 Explain:

5.94 What additional information do you feel needs to be shared concerning the Participant?

PROJECT LIFESAVER - APPENDIX A
ADDITIONAL CONTACTS
Family & Friends

Name:		
Relationship to Applicant:		
Street Address:		
City, State & Zip:		
Home Phone:	Cell Phone:	E-Mail:

Name:		
Relationship to Applicant:		
Street Address:		
City, State & Zip:		
Home Phone:	Cell Phone:	E-Mail:

Name:		
Relationship to Applicant:		
Street Address:		
City, State & Zip:		
Home Phone:	Cell Phone:	E-Mail:

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City, State & Zip:		
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