COLUMBIA COUNTY SHERIFF'S OFFICE
P.O.BOX 132 * PORTAGE * WI * 53901 * (608)742-4166

Project Lifesaver Program Monthly Inspection Sheet

THIS PAGE TO BE COMPLETED BY CAREGIVER

_____ Client Name
_____ Client City/Zip
_____ Client Location (Address)
_____ Client Location Phone

_____ Caregiver Contact
_____ Caregiver Phone

Caregiver Relationship ( ) Professional ( ) Friend ( ) Family ( ) Spouse ( ) Son ( ) Daughter ( ) Mother ( ) Father ( ) Aunt ( ) Uncle ( ) Cousin ( ) In-law ( ) Other

Client Facility: ( ) House ( ) Apartment ( ) Duplex ( ) Mobile Home ( ) Hospital ( ) Nursing ( ) Staff ( ) Assisted Living: _____ Caregiver Facility _____ Next Visit ( ) Secured ( ) Fenced ( ) System

Date	Time	Person Inspecting Equipment	Comments

Deputy: Please note that if any equipment is changed or if there are any behavior changes in the client.

Comments:

_____
_____
_____

Client Report#: _____ Time of Visit: _____ Length of Visit: _____

_____ Caregiver Signature
_____ Date
_____ Deputy Signature
_____ Date