



COLUMBIA COUNTY

Sheriff's Office

Sheriff's Office 608-742-4166 Jail 608-7426476
FAX: Sheriff's Office 608-742-0598 Jail /Dispatch Center 608-742-5225
E-MAIL: Dennis.Richards@co.columbia.wi.us
WEBSITE: www.co.columbia.wi.us

711 East Cook Street
P.O. Box 132
Portage, WI 53901-0132

Client Report Number: _____

Frequency: _____

Project Lifesaver Client Application

Please fill out this "Project Lifesaver Client Application" for your loved one. If the client is approved for the program, we will have the information in advance to aid the Search Teams to establish a more effective search response, should the need arise.

Client Profile

Client Name: _____

Address: _____

City/State: _____ Zip: _____

Phone: _____ Cell: _____

Birthday: _____ Sex: Male/Female Race: _____

Nickname(s): _____

Most recent address prior to current address: _____

Most recent place of work: _____

Most recent occupation: _____

Student / Name of school attending: _____ Grade: _____

Name of Spouse: _____ Living/Deceased (circle one)

Facility/Organization: _____ Phone: _____

Address: _____

Name of person & relationship to client filling out this form: _____

List phone number where caregiver/person filling out application can be contacted when application is accepted/denied: _____

Family/Friend Information

Other persons the resident might contact (family, friends, etc.)

Name: _____ Phone: _____

Address: _____ Cell: _____

Relationship to client: _____ Work: _____

Name: _____ Phone: _____

Address: _____ Cell: _____

Relationship to client: _____ Work: _____

Responsible Party Paying for client: _____

Diagnosis: _____

Physical Description / Personal Data Questionnaire

Height: _____ft. _____in. Weight: _____lbs. Build: _____

Hair color: _____ Hair Style: _____ Eye Color: _____

Complexion: _____ Beard: Yes / No Sideburns: Yes / No

Mustache: Yes / No Balding: Yes / No False Teeth: Yes / No

Shape of facial features (Round/Square/Oval/Other): _____

Distinguishing marks, scars, tattoos, etc. Describe: _____

General appearance: _____

Does resident understand English Yes/No Spoken Yes / No Written Yes / No
If not, what language is understood? _____

Does resident wear glasses? Yes/No Contacts: Yes / No Sunglasses: Yes / No
If yes to any of the above what style? _____

If resident wears glasses or corrective eyewear what degree of vision does he/she have
without the eyewear? None / Poor / Fair (circle one)

Does resident wear a hearing aid? Yes / No If yes, what style: _____
If yes, what type of hearing without hearing aid? None / Poor / Fair (circle one)

Health/Psychological Condition

Any known physical handicaps? Yes / No Explain: _____

Any known medical problems? Yes / No Explain: _____

Medications taken regularly? Yes / No If yes, explain medications below.

List any medications using correct name of drug and dosage being taken: _____

Consequences of NOT taking medications? _____

Alzheimer's Disease / Autism / Down's Syndrome (Circle one) Other: _____

Attending Physician _____ Phone No. _____

Any Psychological Problems? Yes / No Nature: _____

Does resident understand pain? Yes / No

Show emotions? Yes / No Explain: _____

OFFICE USE ONLY

Accepted Denied Administrator/Designee Signature _____

Project Lifesaver Servicer that places transmitter on: _____

Date Transmitter Placed: _____

Application has been review for accuracy by: _____ Date: _____