COLUMBIA COUNTY SHERIFF'S OFFICE

P.O. BOX 132, PORTAGE, WI 53901 / NON-EMERGENCY PHONE: (608) 742-4166

PROJECT LIFESAVER 60-DAY CAREGIVER INSPECTION FORM

_____ Client Name

_____ Client Address

_____ Client City/Village/Zip

_____ Client Phone Number

_____ Caregiver Name

_____ Caregiver Phone

Caregiver Relationship (please check one):

☐ Spouse ☐ Child ☐ Parent ☐ Friend ☐ Professional Caregiver ☐ Other (please specify): _____

Client Facility (please check one):

☐ House/Apt. ☐ Hospital ☐ Assisted Living Facility ☐ Other (please specify): _____

Date (First 30 Days)	Time	Person Performing Inspection	Date (Second 30 Days)	Time	Person Performing Inspection

County Employees: Please note below if any equipment is changed, or if there are any behavioral changes in the client.

_____ Caregiver Signature

_____ Date

_____ County Employee Signature

_____ Date

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

Project Lifesaver Point of Contacts: Robert Maier (608-742-4166 ext. 1309) or Bob Koch (608-742-4166 ext. 1308)