



COLUMBIA COUNTY SHERIFF'S OFFICE

Roger L. Brandner, Sheriff

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: _____



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Responsible Party Paying for client: _____

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: _____

