



## CLIENT PROFILE PROJECT LIFESAVER



This form is designed for Custodial Care Givers to provide, in advance, certain information that will be useful to Search Teams, should the need arise. Providing the information in advance of the need will allow Search Management Personnel the necessary information to establish a more effective search response.

### SECTION A CLIENT INFORMATION

1. "Client": \_\_\_\_\_
2. Nickname(s): \_\_\_\_\_
3. Address: \_\_\_\_\_  
City/State: \_\_\_\_\_ Zip: \_\_\_\_\_
4. Home Phone: \_\_\_\_\_ Other: \_\_\_\_\_
5. Organization: Watervliet Police Department Phone: 518-270-3800  
Address: #2 15<sup>th</sup> Street, Watervliet, NY 12189
6. WPD Member filling out this form: \_\_\_\_\_
7. WPD Member placing transmitter on: \_\_\_\_\_
8. Client's Date of Birth: \_\_\_\_\_ Current Age: \_\_\_\_\_
9. Sex: ☐ Male ☐ Female
10. Nickname(s): \_\_\_\_\_
11. Most recent address prior to above address: \_\_\_\_\_
12. Most recent place of work: \_\_\_\_\_
13. Most recent occupation: \_\_\_\_\_
14. Name of Spouse: \_\_\_\_\_ ☐ Living ☐ Deceased
15. Name of Parents: \_\_\_\_\_ ☐ Living ☐ Deceased
16. School or Managed Care Facility: \_\_\_\_\_
17. Client Diagnosis & Medical Conditions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

18. Client Functions/Disability/handicaps: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

19. Medications taken regularly? ☐ Yes ☐ No

List any medication using correct name of drug and dosage being taken: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

20. Consequences of NOT taking medications? \_\_\_\_\_

21. Cane/Walker/Wheelchair?: \_\_\_\_\_

22. Primary Doctor/Physician: \_\_\_\_\_ Phone No. \_\_\_\_\_

23. Any Psychological Problems? ☐ Yes ☐ No

Nature: \_\_\_\_\_

24. Usual Personality type; shy, outgoing, etc: \_\_\_\_\_

25. Which family member is the client closest to? \_\_\_\_\_ Relationship \_\_\_\_\_

26. Where was the Client born and raised? \_\_\_\_\_

**SECTION B**  
**CLIENT'S PHYSICAL DESCRIPTION**

1. Height \_\_\_\_\_ ft. \_\_\_\_\_ in.
2. Weight \_\_\_\_\_ lbs.
3. Build \_\_\_\_\_
4. Hair color \_\_\_\_\_
5. Eye Color \_\_\_\_\_
6. Race \_\_\_\_\_ Skin Complexion: \_\_\_\_\_
7. False Teeth ☐ Yes ☐ No
8. Distinguishing marks, scars, tattoos, etc. Describe \_\_\_\_\_  
\_\_\_\_\_

9. If Client does not understand English, what language is understood? \_\_\_\_\_

10. Client can: ☐ Speak ☐ Write ☐ Non-Verbal

11. Does Client wear eyeglasses? ☐ Yes ☐ No Corrective lens (contacts): ☐ Yes ☐ No

If Client wears glasses or corrective eyewear, to what degree of vision loss do they have when not using the eyewear? ☐ None (no significant impairment) ☐ Fair ☐ Poor ☐ Extremely poor/blind

12. Does Client wear a hearing aid? ☐ Yes ☐ No What style? \_\_\_\_\_

If Client wears hearing aids, to what degree of hearing loss do they have when not using them? ☐  
None (no significant impairment) ☐ Fair ☐ Poor ☐ Extremely poor/deaf

13. Personal Articles Normally Carried by the Client: \_\_\_\_\_  
\_\_\_\_\_

14. Jewelry (Please describe) \_\_\_\_\_

15. Use Tobacco Products: ☐ Yes ☐ No Type: \_\_\_\_\_ Brand: \_\_\_\_\_

16. Candy/Gum: Yes/No Brand \_\_\_\_\_

17. Approximate amount of cash on hand? \$ \_\_\_\_\_ Where do they normally carry it: \_\_\_\_\_  
\_\_\_\_\_

*e.g. Handbag, Purse or Wallet*

18. Access to ATM: ☐ Yes ☐ No Bank Name & Location \_\_\_\_\_

19. Access to Credit Cards ☐ Yes ☐ No Visa/MC/other \_\_\_\_\_

20. Cell Phone: ☐ Yes ☐ No Service Provided (e.g. Verizon Wireless, Sprint, etc). \_\_\_\_\_

Ph #: \_\_\_\_\_ Smartphone? ☐ Yes ☐ No

GPS or Family Tracking Apps installed (e.g. "Find my Phone", Life360®, etc): \_\_\_\_\_

**SECTION C**  
**ALZHEIMER'S DISEASE**

*If client has been diagnosed with Alzheimer's disease (or suspected of), check here & answer the following* ☐

1. Does the Client remain oriented to Time and Person? ☐ Yes ☐ No

Explain: \_\_\_\_\_

2. Does the Client recognize familiar persons and faces? ☐ Yes ☐ No

Explain: \_\_\_\_\_

3. Can the Client travel to familiar locations? ☐ Yes ☐ No

Explain: \_\_\_\_\_

4. Does the Client have access to a vehicle? ☐ Yes ☐ No

Make \_\_\_\_\_ Model \_\_\_\_\_ Color \_\_\_\_\_ Plate# \_\_\_\_\_

5. Does the Client have decreased knowledge of current events or tend to re-live events in their life?

☐ Yes ☐ No Explain: \_\_\_\_\_

6. Does the Client sometimes clothe himself/herself improperly\*? ☐ Yes ☐ No

*\*Example: Putting shoes on the wrong feet, adding underwear over clothing?*

Explain, if necessary: \_\_\_\_\_

7. Does the client remember his/her own name and the names of spouse and or children? ☐ Yes ☐ No

Explain: \_\_\_\_\_

8. What are the Client's sleep patterns? ☐ Yes ☐ No

Explain: \_\_\_\_\_

9. Does the Client suffer from frequent personality and emotional changes? ☐ Yes ☐ No

Explain: \_\_\_\_\_

10. Does the Client suffer from delusions (See imaginary visitors, talk to his/her own reflection in the mirror, imagine their spouse is an imposter, etc?) ☐ Yes ☐ No Explain: \_\_\_\_\_

11. Is the client a danger to themselves or others if left alone for a long period of time? ☐ Yes ☐ No

Explain: \_\_\_\_\_



**SECTION D**  
**CLIENT'S LIFE EXPERIENCE**

1. Familiar with area? ☐ Yes ☐ No How recently \_\_\_\_\_ *Days/Months/Years*

If not local, what other areas are known to Client? \_\_\_\_\_

2. Taken outdoor classes? ☐ Yes ☐ No Where? \_\_\_\_\_ When? \_\_\_\_\_

3. Taken first-aid training? ☐ Yes ☐ No Where? \_\_\_\_\_ When? \_\_\_\_\_

4. Involved in Boys/Girls Scout? ☐ Yes ☐ No Explain: \_\_\_\_\_

5. Is the client a veteran? ☐ Yes ☐ No Branch of Military: \_\_\_\_\_

Approx Dates of Service: \_\_\_\_\_ MOS ("job") in Military: \_\_\_\_\_

6. Recreational Outdoor Experience? ☐ Yes ☐ No Explain: \_\_\_\_\_

7. Overnight Camping Experience? ☐ Yes ☐ No Explain: \_\_\_\_\_

8. Prior history of wandering? ☐ Yes ☐ No Explain dates/ locations/outcomes: \_\_\_\_\_

Location found: \_\_\_\_\_

9. Does Client go out alone? ☐ Yes ☐ No Where to?: \_\_\_\_\_

10. General Athletic Interest/Abilities \_\_\_\_\_

11. Is Client afraid of dogs? ☐ Yes ☐ No

12. Is Client afraid of the dark? ☐ Yes ☐ No

13. Is Client afraid of loud noises? ☐ Yes ☐ No

14. Does the client have an attraction towards: ☐ Railroads/Trains ☐ Water/River ☐ Playgrounds

☐ OTB/Gambling/Casinos ☐ Sport Events/Facilities ☐ Senior Activity Centers

☐ Other: \_\_\_\_\_

15. Will the Client talk to strangers? ☐ Yes ☐ No

16. Will the Client use public transportation: ☐ Yes ☐ No Which one: \_\_\_\_\_

**SECTION E**  
**CAREGIVER #1**

1. Name: \_\_\_\_\_
2. E-Mail: \_\_\_\_\_
3. Phone 1 (primary): \_\_\_\_\_ Phone 2 (secondary): \_\_\_\_\_
4. Address: \_\_\_\_\_
5. Relationship to client: \_\_\_\_\_
6. Caregiver Special Notes: \_\_\_\_\_

**CAREGIVER #2**

7. Name: \_\_\_\_\_
8. E-Mail: \_\_\_\_\_
9. Phone 1 (primary): \_\_\_\_\_ Phone 2 (secondary): \_\_\_\_\_
10. Address: \_\_\_\_\_
11. Relationship to client: \_\_\_\_\_
12. Caregiver Special Notes: \_\_\_\_\_

**CAREGIVER #3**

13. Name: \_\_\_\_\_
14. E-Mail: \_\_\_\_\_
15. Phone 1 (primary): \_\_\_\_\_ Phone 2 (secondary): \_\_\_\_\_
16. Address: \_\_\_\_\_
17. Relationship to client: \_\_\_\_\_
18. Caregiver Special Notes: \_\_\_\_\_

**SECTION F**  
**FAMILY/FRIEND INFORMATION**  
*(individuals the client may contact if lost/wandering/eloped)*

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship to client: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship to client: \_\_\_\_\_

3. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship to client: \_\_\_\_\_

**SECTION G**  
**LIABILITY INFORMATION/RELEASE**

*Please read this section carefully and sign prior to submitting the application.*

I, (caregiver name) \_\_\_\_\_, acknowledge that the information I have provided in this application is true and accurate. I understand that acceptance into the Watervliet Police Department's Project Lifesaver Program does not replace the need for constant supervised care of the client.

(A) I, (caregiver name) \_\_\_\_\_, attest that (client name) \_\_\_\_\_ is personally supervised by me and/or by another responsible adult, 24 hours a day, 7 days a week.

(B) I, (caregiver name) \_\_\_\_\_, attest that (client name) \_\_\_\_\_ is not left unsupervised at any time.

**If both statements (A) and (B) above are NOT TRUE, the potential client is ineligible for enrollment in the Project Lifesaver Program. If any portion of the caregiver(s) responses are inaccurate, the client will no longer be eligible for participation in the Project Lifesaver Program.**

I understand that while Project Lifesaver utilizes a tracking device that aids in locating individuals who wear the transmitter, there may be times when an individual cannot be located due to device malfunction or other unforeseen circumstances. I agree to assume any/all responsibility associated with participation in the Watervliet Police Department's Project Lifesaver Program. I understand that the information I have provided in this application will be shared within the Watervliet Police Department, Albany County Sheriff's Office Communication Center (dispatch), and with other search and rescue agencies/organizations. I understand that none of the information I have provided, or provide in the future, will be considered confidential or protected. I also understand that Project Lifesaver is a program sponsored by the Watervliet Police Department and works in collaboration with other area agencies.

By my signature below, I affirm that I agree to the above information and that I represent the client and proclaim that I have full power and authority as the duly authorized representative of the applicant to register and act on their behalf.

Print Caregiver's Name: \_\_\_\_\_

Caregiver's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**RESERVED FOR WATERVLIET POLICE USE:**

1. **Picture of client taken:** ( ) YES ( ) NO
2. **Completed form reviewed w/ caretaker to ensure accuracy & thoroughness:** ( ) YES ( ) NO
3. **Discussed program & demonstrated equipment:** ( ) YES ( ) NO
4. **Provided with Caregiver Instructions Form:** ( ) YES ( ) NO
5. **Applicable Paperwork Received:** ( ) Client Profile ( ) Program Agreement  
( ) Deposit Receipt ( ) Other: \_\_\_\_\_
6. **Transponder Placed on Clients:** Date: \_\_\_\_\_ ( ) Wrist = circle side: Right / Left  
( ) Ankle = circle side: Right / Left ( ) Other: \_\_\_\_\_
7. **Transponder Frequency:** \_\_\_\_\_
8. **Due Date for Battery Change** (*no less than 55/days, no more than 60*): \_\_\_\_\_
9. **Uploaded Information in Project Lifesaver Portal:** ( ) YES ( ) NO
10. **Completed & Sent ACSO BOLO Form:** ( ) YES ( ) NO
11. **Misc Notes:**