



***PROJECT LIFESAVER  
OF  
MENOMINEE COUNTY MICHIGAN  
Standard Operating Procedure  
906- 863- 4441    800- 236- 0242***

## **ENROLLMENT**

Transmitters will be placed with clients only at the request of a legally responsible party, i.e.:

- Spouse
- Family member having legal, primary caregiver responsibility.
- Assisted living or nursing home administrator requiring transmitter for client residing at the facility.
- Father or Mother, if client is a minor
- In the event there is no spouse and there is disagreement on placement, no placement will be done until requested by the family member having legal authority via power of attorney or court order naming him/her as the responsible caregiver. This will also apply in the case of minors with no parent available.
- Caregivers will be provided with instructions and emergency contact phone numbers.
- Caregivers will be provided a tester and given instructions on its use and the procedures to test the transmitter daily and record the results on the monthly inspection sheet.
- The caregivers will be given a contract and the terms and agreements explained. The contract must be signed and filed at the Menominee County Sheriff's Office.

## **STANDARD OPERATING PROCEDURE**

### **Servicing:**

- All transmitter batteries and bands are to be changed every 30 days or 60 days as appropriate for transmitter assigned (or if caregiver notifies agency of a dead battery) and replaced with a new battery and band, either:
  - By an agency member or
  - Volunteer, trained and supervised by an agency member.
- The caregiver will be contacted 3-4 days prior to change date to arrange date and time for change.
  - If unable to contact caregiver, a message will be left requesting call back.
  - If no contact is made within 4 days past change date, member will notify the agency program liaison officer.
- Completed Monthly Inspection sheets will be collected and a new sheet given to caregiver. The completed Monthly Inspection sheet is to be turned in to the agency program liaison officer within 3 business days of the service visit.
- The transmitter will be inspected visually and the frequency will be verified during each service visit.



**PROJECT LIFESAVER  
OF  
MENOMINEE COUNTY MICHIGAN  
Program Application  
906- 863- 4441 800- 236- 0242**

Applicant's Name: (Name of Individual for whom this application is being made)

**FAMILY /CAREGIVER INFORMATION**

NAME:	RELATIONSHIP TO APPLICANT:
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Are you the Parent of, or Guardian of or do you have durable power of attorney for health care that has been activated for the Individual you are seeking to enroll in Project Lifesaver?  YES  NO

If not, please provide the name, address and phone number(s) of who is, and their relationship to the Alzheimer's Individual, Autistic Person or person with other related disease.

HOME ADDRESS:	HOME PHONE #:	CELL PHONE #:
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FAX #:	EMAIL ADDRESS:	EMPLOYER:
EMPLOYER ADDRESS:	WORK PHONE #:	WORK EMAIL ADDRESS:

**ADDITIONAL EMERGENCY CONTACT INFORMATION**

NAME:	RELATIONSHIP TO APPLICANT:
FAX #:	EMAIL ADDRESS:
EMPLOYER ADDRESS:	WORK PHONE #:
	WORK EMAIL ADDRESS:

**APPLICANT INFORMATION: (Individual who has Alzheimer's disease, Autism, or related disease)**

FULL LEGAL NAME:	NICKNAME:
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*What is Applicant's specific diagnosis?*

*When was the Applicant diagnosed?*

D.O.B.	CURRENT AGE:	HEIGHT:	WEIGHT:	EYE COLOR:	HAIR COLOR:
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Describe any other distinguishing physical characteristics:

How long has this individual been living at this address?

**MEDICAL INFORMATION**

*Is there any prior history of becoming lost or wandering from Home? If yes, please describe the event(s) in detail with dates. (attach additional paper if needed):*

*Please list the name, address and phone number of the physician who diagnosed the Applicant:*

*Describe any other health related problems:*

Please have the applicant's physician sign below verifying that the applicant is or may be at risk for wandering as indicated by specific diagnosis on front page.

\_\_\_\_\_  
Physician Name (printed)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physician Signature

Please fax, mail, or email this application form to the Sheriff's Office. After receiving this application, we will be in contact with you to set up an appointment.

Menominee County Sheriff's Office  
Attn: Project Lifesaver  
831 Tenth Avenue  
Menominee, MI 49858  
906-863-4441 (phone)  
906-863-2239 (fax)  
jbastien@menomineecountymi.gov (email)



**PROJECT LIFESAVER  
OF  
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906- 863- 4441 800- 236- 0242**

**Liability Release Information:**

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

I ACKNOWLEDGE that the information I have provided in this application is true, accurate and complete to the best of my knowledge.

I UNDERSTAND that should the Applicant be accepted into Project Lifesaver that it does not replace the need for others to continue to provide constant supervised care of the Applicant.

I AGREE to assume all responsibilities associated with program participation and ongoing bracelet device maintenance.

I UNDERSTAND that while Project Lifesaver utilizes a global tracking device that aids in locating individuals who wear a bracelet device, there may be times and circumstances when an individual cannot be located due to device malfunction or other reasons.

I UNDERSTAND that all information I have provided in this application will be shared between the Menominee County Sheriff Office, and other appropriate agencies, as well as the police department in the town where the Applicant resides, and I understand that none of the information I have provided or may provide in the future can be considered confidential or protected.

I UNDERSTAND that Project Lifesaver is a program sponsored by the Menominee County Sheriff's Office that will work in collaboration with other area agencies: AND SHOULD THE APPLICANT BE ACCEPTED INTO THE PROJECT LIFESAVER PROGRAM, HE/SHE AGREES TO RELEASE AND HOLD EACH AGENCY AND ALL THEIR RESPECTIVE PERSONNEL, DIRECTORS AND VOLUNTEERS HARMLESS FROM ANY AND ALL CLAIMS OR LIABILITY AND/OR DAMAGE, AND WAIVE ANY AND ALL RIGHTS TO SEEK RECOURSE FOR ANY LOSSES OR INJURY THAT MAY OCCUR AS A RESULT OF PARTICIPATION IN THE PROJECT LIFESAVER PROGRAM.

I HAVE READ THE PROJECT LIFESAVER PROGRAM STANDARD OPERATING PROCEDURE AND AGREE TO THOSE TERMS. FURTHERMORE, I hereby represent and warrant that I have full power and authority as the duly authorized representative of the participant named above, to register and act on his/her behalf.

\_\_\_\_\_  
Name (printed)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



***PROJECT LIFESAVER  
OF  
MENOMINEE COUNTY MICHIGAN  
Program Contract  
906- 863- 4441    800- 236- 0242***

If applicant is accepted into the Project Lifesaver Program, the following terms shall apply as agreed to upon the signing of the Project Lifesaver contract:

I acknowledge that the information I have provided is true and accurate to the best of my knowledge. All information provided has been given voluntarily, and I consent to the collection, use and disclosure of such information for the purposes of Project Lifesaver. Furthermore, I hereby represent and warrant that I have full power and authority as the duly authorized representative of the Applicant named below, to register and act on his/her behalf. My Power of Attorney and/or letters of Guardianship are attached, if needed.

THEREFORE, INCONSIDERATION of the mutual promises and obligations contained herein, the sufficiency of which is acknowledged, the parties agree as follows, each to the respective obligations:

1. I understand that when I enroll an Applicant in Project Lifesaver, that it does not replace the need for constant and supervised care of the person. I am, and remain, primarily responsible for supervised care and take full responsibility of protecting this person from wandering. I also understand that I, or a family member, or other qualified caregiver, must be present in the home with the Applicant at all times.
2. I understand that Project Lifesaver equipment is designed to be an additional aid to help locate a missing person and that there is no warranty, representation or guarantee that a person will be found because they are wearing a Project Lifesaver bracelet. Project Lifesaver equipment is designed to provide law enforcement personnel with an additional technology in attempting to locate the Applicant. I also acknowledge that this is an experimental program for aiding in the search and rescue of persons suffering from diminished mental capacity or other disability.
3. In order for Project Lifesaver to work, I have a responsibility to obey the instructions of the Program, follow all training, and make sure that the person that I enroll is wearing the Project Lifesaver transmitter bracelet. If the bracelet has been removed or is defective; I will call Project Lifesaver of Menominee County immediately.
4. When I notice the Applicant enrolled has wandered off, I must immediately call the emergency number supplied by Project Lifesaver and report the Applicant as a missing person. Project Lifesaver teams will respond to search. I understand and acknowledge that the Project Lifesaver device cannot predict or report that the Applicant has wandered off. It is used solely as an aid for emergency personnel when notified the Applicant is missing.
5. A monthly maintenance fee of \$10.00 shall be payable at the 1<sup>st</sup> day of each month, by check or cash.
6. I understand that while Project Lifesaver is an electronic tracking device that assists in locating person who wear the bracelet device, there may be unforeseen times or circumstances when individuals cannot be located even while wearing the transmitter bracelet. I will not hold Project Lifesaver or any of its employees or volunteers, Provincial or city Law Enforcement or Fire and Rescue Agencies (collectively the "Releases") involved liable for failure to locate the person using the system, and hereby release all such Releases from any claim, cause of action, loss or damages arising from any inability or delay in locating the Applicant.
7. I understand that all information I have provided in this application may be shared among Local Law Enforcement, Fire and Rescue, and other necessary agencies in the community where I reside. Therefore, I understand that none of the information I have provided or will provide in the future can

be considered confidential or protected or private when used for the purposes of the Project Lifesaver Program, (notwithstanding the provisions of the Personal Information Protection and Electronics Documents Act).

8. I specifically waive any rights to confidentiality to the Applicant's medical records by Project Lifesaver International or any of Project Lifesaver's member agencies which includes dissemination of such information. I confirm that I have the authority by which to waive such rights.
9. I understand that Project Lifesaver is a program administered by: The Menominee County Sheriff's Office. I agree to release and hold each agency and all their respective personnel, officers and volunteers harmless from any and all claims of liability and/or damage, and waive any and all rights to seek recourse for any losses or injury that may occur as a result of participation in the Project Lifesaver Program.
10. I understand that the transmitter and tester remain the property of Project Lifesaver and when no longer being used by the Applicant to whom it was assigned will be returned undamaged to Project Lifesaver to be assigned to another participant in the Program. I shall remain liable for any loss or damage to all such equipment and for the replacement cost of all such equipment until returned to Project Lifesaver.
11. I understand that if I fail to use the tester device at least once per day and record the results on the supplied test result monthly inspection sheet, or if I fail to notify Project Lifesaver immediately when I discover the Applicant missing, or if I fail to notify Project Lifesaver if I test the transmitter device and find no signal indication, or if the Applicant refuses to wear or removes the device three (3) times, then the Applicant may be involuntarily removed from the program. All property will then be returned to Project Lifesaver and I will return to the original security measures, which were in place prior to enrollment in Project Lifesaver, and without recourse to Project Lifesaver.

-----  
CAREGIVER'S NAME (PRINTED)

-----  
CAREGIVER'S SIGNATURE

-----  
DATE

-----  
(WITNESS)

-----  
APPLICANT'S NAME

-----  
FOR PROJECT LIFESAVER

Menominee County Sheriff's Office  
-----  
(AFFILIATE NAME)

Client Number: \_\_\_\_\_

Frequency: \_\_\_\_\_

## PROJECT LIFESAVER OF MENOMINEE COUNTY

### Client Profile Personal Data Questionnaire

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.

Resident: \_\_\_\_\_

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

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Date Transmitter Placed: \_\_\_\_\_

Facility/Organization: \_\_\_\_\_ Phone: \_\_\_\_\_

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

PL Servicer filling out this form: \_\_\_\_\_

PL Servicer that places transmitter on client: \_\_\_\_\_

#### Resident's Personal Data

Birthday: \_\_\_\_\_ Sex:  Male  Female Race: \_\_\_\_\_

Nickname(s): \_\_\_\_\_

Most recent address: \_\_\_\_\_

Most recent place of work: \_\_\_\_\_

Most recent occupation: \_\_\_\_\_

Name of Spouse: \_\_\_\_\_  Living  Deceased

Single  Married  Separated  Divorced  Widowed

Name & location of ex-spouse \_\_\_\_\_

#### Family/Friend Information

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

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

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

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

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

Responsible Party Paying for client: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

**Physical Description**

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 \_\_\_\_\_

If Resident does not understand English, what language is understood? \_\_\_\_\_

Spoken word only Yes No or Written Spoken

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

**Personal Data Questionnaire**

Does Resident wear a hearing aid? Yes No What style? \_\_\_\_\_

If yes, what type of hearing without Aid? None Poor Fair \_\_\_\_\_

**Health/Psychological Condition**

Yes No Any known physical handicaps? \_\_\_\_\_  
(Describe please) \_\_\_\_\_

Yes No Any known medical problems? \_\_\_\_\_  
(Describe please) \_\_\_\_\_

Medications taken regularly? \_\_\_\_\_

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

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

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

Attending Physician \_\_\_\_\_ Phone No. \_\_\_\_\_

Any Psychological Problems? Yes No  
Nature: \_\_\_\_\_

**If Alzheimer's disease has been diagnosed, answer the following:**

Yes No

- Does the Resident remain oriented to Time and Person?  
Explain
- Does the Resident recognize familiar persons and faces?  
Explain
- Can the Resident travel to familiar locations?  
Explain
- Does the Resident have decreased knowledge of current events or tend to re-live events in his/her life?  
Explain
- Does the Resident sometimes clothe himself/herself improperly? Yes/No  
Example: Putting shoes on the wrong feet, adding underwear over clothing?  
Explain
- Does the Resident remember his/her own name and the names of spouse and/or children?  
Explain
- Are the Resident's sleep patterns frequent?  
Explain
- Does the Resident suffer from frequent personality and emotional changes?  
Explain
- Does the Resident suffer from delusions (See Imaginary Visitors, talk to his/her own reflection in the mirror, imagine that their spouse is an imposter, etc?)  
Explain
- How good is the Resident's communication ability?  
Explain

**Personal articles normally carried by the Resident:**

Yes No

Details such as type or brand:

- Tobacco Products
- Candy/Gum
- Matches or Lighter
- Food Items
- Facial tissue or  
other pocket/purse  
items

**Equipment**

Yes No

- Cane or walker?
- Hunting/fishing, etc.
- Other?

Approximate amount of cash on hand? \_\_\_\_\_

Where normally carried: \_\_\_\_\_

Handbag, purse or wallet

Description \_\_\_\_\_ Type \_\_\_\_\_ Color \_\_\_\_\_

Jewelry (Please describe):

Watch? Yes No Type \_\_\_\_\_ Color \_\_\_\_\_ Description \_\_\_\_\_

## Experience

<u>Yes</u>	<u>No</u>	<u>Question</u>	<u>Details/Comments</u>
<input type="checkbox"/>	<input type="checkbox"/>	Familiar with area? How recently?	
<input type="checkbox"/>	<input type="checkbox"/>	Local? If not local, what other areas are known to Resident?	
<input type="checkbox"/>	<input type="checkbox"/>	Taken outdoor classes? Where & when?	
<input type="checkbox"/>	<input type="checkbox"/>	Taken first-aid training? Where & when?	
<input type="checkbox"/>	<input type="checkbox"/>	Involved in Scouting?	
<input type="checkbox"/>	<input type="checkbox"/>	Military Experience? Where & when?	
<input type="checkbox"/>	<input type="checkbox"/>	Recreational Outdoor Experience?	
<input type="checkbox"/>	<input type="checkbox"/>	Overnight Camping Experience?	
<input type="checkbox"/>	<input type="checkbox"/>	Ever been lost before? Where & when?	
<input type="checkbox"/>	<input type="checkbox"/>	Located by searchers	
<input type="checkbox"/>	<input type="checkbox"/>	or walk out by himself/herself?	
		Location found	
		Actions taken	
<input type="checkbox"/>	<input type="checkbox"/>	Ever go out alone?	
<input type="checkbox"/>	<input type="checkbox"/>	Stay on trails	
		General athletic interest/abilities	

## Personality Habits

<u>Yes</u>	<u>No</u>	<u>Question</u>	<u>Details/Comments</u>
<input type="checkbox"/>	<input type="checkbox"/>	Smoke? How often? What product & brand?	
<input type="checkbox"/>	<input type="checkbox"/>	Drink Alcohol? What type & brand?	
<input type="checkbox"/>	<input type="checkbox"/>	Use illicit drugs? How often & what?	
<input type="checkbox"/>	<input type="checkbox"/>	Outgoing or Quiet; Likes groups or being alone?	
<input type="checkbox"/>	<input type="checkbox"/>	Evidence of Leadership	
<input type="checkbox"/>	<input type="checkbox"/>	Ever been in trouble with the law? What?	
<input type="checkbox"/>	<input type="checkbox"/>	Religious? What faith?	
		What church/person to contact?	
<input type="checkbox"/>	<input type="checkbox"/>	Is resident afraid of dogs?	

<u>Yes</u>	<u>No</u>	<u>Question</u>	<u>Details/Comments</u>
<input type="checkbox"/>	<input type="checkbox"/>	Is resident afraid of the dark?	
<input type="checkbox"/>	<input type="checkbox"/>	Is resident afraid of noises?	
<input type="checkbox"/>	<input type="checkbox"/>	Is resident afraid of horses?	
<input type="checkbox"/>	<input type="checkbox"/>	Is resident afraid of people?	
<input type="checkbox"/>	<input type="checkbox"/>	Will resident talk to strangers?	
<input type="checkbox"/>	<input type="checkbox"/>	Any other notable fears?	
<input type="checkbox"/>	<input type="checkbox"/>	Is the resident DANGEROUS to him/herself or others?	
<input type="checkbox"/>	<input type="checkbox"/>	Has resident received any letter recently?	From whom?

What actions taken by searchers may do more harm than good? (ie, shouting name)

What does Resident value most?

What family member is resident closest to?  
Contact information:

Relationship

Where was resident born and raised?

Hobbies/Interests

Additional comments you feel may be helpful:



***PROJECT LIFESAVER  
OF  
MENOMINEE COUNTY MICHIGAN  
Caregiver Instructions  
906- 863- 4441 800- 236- 0242***

**CAREGIVER INSTRUCTIONS**

Emergency Phone # **911**

1. Check the transmitter everyday with the tester provided. If a problem exists or the transmitter isn't indicating transmission (no pulsing or steady burning red light), notify us right away at the number below. Sign and date tester sheet.
2. If the client is missing, first check obvious places around your home. If not located, notify us at 911 to report a missing person who is a Project Lifesaver client.

If you are not at home, be sure to give the telephone number where we may reach you.

**Non-Emergency Contact Numbers:**

Menominee County Sheriff's Office  
831 Tenth Ave.  
Menominee, MI 49858  
906-863-4441

Menominee County Central Dispatch  
2509 10th Street  
Menominee, MI 49858  
906-863-6614