



BEATRICE POLICE DEPARTMENT

Project Lifesaver Application

Name of Applicant _____ Date Completed _____

Address _____

City/State/Zip _____ Township _____

Phone(home) _____ (cell) _____

Email _____

Birthday _____ Gender: male _____ female _____

Person Responsible for Applicant _____

Relationship to Applicant _____

Address _____

City/State/Zip _____ Township _____

Phone(home) _____ (cell) _____

Email _____

Diagnosis _____ Date of Diagnosis _____

Diagnosed by(doctor) _____

(facility) _____

Description of Wandering History (Include dates if known and if law enforcement was notified.

Use back side or add pages as needed) _____

Project Lifesaver Application cont.

Will your loved one tolerate wearing a wristband? If no, please explain. _____

Does your child have funding for Project Lifesaver? _____

Please check the answer that best describes your loved one. Please use the space at the bottom or back of the page to provide an explanation for every YES answer.		Yes	No
1	My loved one does not understand the dangers of environmental features such as temperature, deep water, woods, parking lots, street or road traffic.		
2	My loved one is extremely trusting of strangers		
3	My loved one tends to be fixated on leaving or going to a particular place ("home", park, zoo, store, school, restaurant, etc.)		
4	My loved one is unable to tell an adult their name, address, or other identifying information.		
5	My loved one has eloped or 'wandered off' in the past 6 months.		
6	My loved one has eloped or 'wandered off' more than 6 months ago.		
7	My loved one has a particular fear, phobia, or trigger that may cause them to want to 'get away.'		
8	Other measures to prevent elopement have been tried without success or are not feasible. (door chimes/alarms, room monitor, fenced yard)		
9	My abilities as a caregiver/supervisor are limited		
