

# Santa Barbara Sheriff's Office

## Project Lifesaver

### Client Profile



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

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

#### 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. This information will be maintained by the Santa Barbara Sheriff's Office for emergency use only. It will not be shared or distributed without the urgent need to locate the client.

#### Client's Personal Data

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

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

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Other Phone: \_\_\_\_\_

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

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

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

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

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

Name of Spouse: \_\_\_\_\_ Living/Deceased/Separated (circle)

Address of (Ex) Spouse if different: \_\_\_\_\_

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

**Santa Barbara Sheriff's Office  
Project Lifesaver  
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**Client Number:** \_\_\_\_\_

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**Physical Description**

Height \_\_\_\_\_ ft. \_\_\_\_\_ in. Weight \_\_\_\_\_ lbs. Build \_\_\_\_\_

Hair color \_\_\_\_\_ Balding Yes/No Wig Yes/No Color \_\_\_\_\_

Complexion \_\_\_\_\_ Eye Color \_\_\_\_\_ Beard Yes/No Sideburns Yes/No

Mustache Yes/No False Teeth Yes/No

Distinguishing marks, scars, tattoos, etc. Describe \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Other Distinguishing Characteristics**

General Appearance \_\_\_\_\_

Does Client wear glasses? Yes/No      Contacts? Yes/No      Sunglasses? Yes/No

If Client wears glasses or corrective eyewear, what degree of vision does he/she have without the eyewear? Near: None/Poor/Fair (circle one) Far: None/Poor/Fair (circle one)

Does Client wear a hearing aid? Yes / No

If yes, what type of hearing without Aid? None/Poor/Fair (circle one)

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

Is Client Bi-Lingual? No / Yes Languages Spoken: \_\_\_\_\_

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**If Alzheimer's disease has been diagnosed or suspected, 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 decreased knowledge of current events or tend to re-live events in his/her life? Yes/No  
Explain \_\_\_\_\_
  
5. Does the Client sometimes clothe himself/herself improperly? Yes/No  
Example: Putting shoes on the wrong feet, adding underwear over clothing?  
Explain if necessary \_\_\_\_\_
  
6. Does the Client remember his/her own name and the names of spouse and or children?  
Yes/No  
Explain \_\_\_\_\_
  
7. Does the Client suffer from frequent personality and emotional changes? Yes/No  
Explain \_\_\_\_\_
  
8. Does the Client suffer from delusions (See Imaginary Visitors, Talk to his/her own reflection in the mirror, Imagine that their spouse is an imposter, etc?) Yes/No  
Explain \_\_\_\_\_
  
10. How good is the Client's communication ability? None/Poor/Fair/Good/Excellent  
(circle one please)

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**Health/Psychological Condition**

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

Any known physical handicaps? \_\_\_\_\_

Any known medical problems? \_\_\_\_\_  
\_\_\_\_\_

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

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

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

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

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

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**Responsible Person Information**

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

Relationship to Client: \_\_\_\_\_

Address (if different than Client) \_\_\_\_\_

\_\_\_\_\_

Date of Birth: \_\_\_\_\_ Driver's License Number \_\_\_\_\_ State: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Family/Friend Information**

**Other persons the Client might contact (family, friends, etc.)**

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

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

Relationship to client: \_\_\_\_\_ Other Phone: \_\_\_\_\_

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

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

Relationship to client: \_\_\_\_\_ Other Phone: \_\_\_\_\_

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

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

Relationship to client: \_\_\_\_\_ Other Phone: \_\_\_\_\_

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

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

Relationship to client: \_\_\_\_\_ Other Phone: \_\_\_\_\_

**Santa Barbara Sheriff's Office  
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**Client Number:** \_\_\_\_\_ **Frequency:** \_\_\_\_\_

Name of Santa Barbara Sheriff's Office Personnel completing this form:

Print: \_\_\_\_\_ Sheriff's ID Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Santa Barbara Sheriff's Office personnel installing bracelet:

Print: \_\_\_\_\_ Sheriff's ID Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Person providing Client information for this form:

Print: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Santa Barbara Sheriff's Office Project Lifesaver Contract



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

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

Applicant Name: \_\_\_\_\_

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 Power of Personal Care is attached, if needed.

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

1. I understand that when I enroll an Applicant in Project Lifesaver, that it does not replace the need for constant 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 responsible adult, must be present 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 it has been removed or is defective, I will call the Santa Barbara Sheriff's Office immediately.
4. When I notice that the Applicant enrolled has wandered off, I must immediately call the Santa Barbara Sheriff's Emergency Communications Center and report the Applicant as a missing person who is registered on the Project Lifesaver Program. Specially trained and equipped Santa Barbara Sheriff's Office personnel will respond and conduct a search for the Applicant. 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.

# Santa Barbara Sheriff's Office

## Project Lifesaver

### Contract

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Applicant Name: \_\_\_\_\_

5. A cost of Three-Hundred Dollars (\$300.00) will be paid to the *Santa Barbara County Search and Rescue/Project Lifesaver (SBCSAR/Project Lifesaver)* to cover the equipment, cost of replacement batteries and wristbands for the first year and One Hundred and Twenty-Five Dollars (\$125.00) for each additional year. There will be no charge by the Santa Barbara Sheriff's Office for an Applicant to be on the Project Lifesaver Program or to conduct a search for an Applicant that has gone missing provided the terms of this contract are followed.
6. I understand that while Project Lifesaver is an electronic tracking device that assists in locating persons 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 the Santa Barbara Sheriff's Office liable for failure to locate the person using the system, and hereby release all such Agencies 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 Electronic Documents Act].
8. I specifically waive any rights to confidentiality of 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 Santa Barbara Sheriff's Office. I agree to release and hold each agency and all of 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 the Santa Barbara Sheriff's Office 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 the Santa Barbara Sheriff's Office. I agree to pay a deposit fee of One-Hundred Dollars (\$100.00) to the *Santa Barbara County Search and Rescue/Project Lifesaver (SBCSAR/Project Lifesaver)* for the transmitter bracelet which will be refunded upon the return of the transmitter bracelet undamaged.
11. I understand that if I fail to use the tester device at least once per day, or if I fail to notify the Santa Barbara Sheriff's Office immediately when I discover the Applicant missing, or if I fail to notify the Santa Barbara Sheriff's Office if I test the transmitter device and find no signal indication, or if the Applicant refuses to wear or removes the device 3 (three) times, then the Applicant may be involuntarily removed from the program. All property will then be returned to the Santa Barbara Sheriff's Office 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.



# Santa Barbara Sheriff's Office Project Lifesaver Contract

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

Applicant Name: \_\_\_\_\_

\_\_\_\_\_  
CAREGIVER'S NAME (PRINTED)

\_\_\_\_\_  
CAREGIVER'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
(WITNESS)

\_\_\_\_\_  
APPLICANT'S NAME

\_\_\_\_\_  
SANTA BARBARA SHERIFF'S OFFICE PERSONNEL INTERVIEWING

\_\_\_\_\_  
APPROVING BUREAU SERGEANT

\_\_\_\_\_  
PERSON PROVIDING PICTURE