



Stamford Police Department

805 Bedford Street, Stamford, CT 06901

Phone 203-977-4444 Fax 203-977-5582

PROJECT LIFESAVER

PROGRAM APPLICATION

APPLICANT'S NAME: (Name of Individual for whom this application is being made)

FAMILY/CAREGIVER INFORMATION

NAME:

RELATIONSHIP TO APPLICANT:

Do you have Power of Attorney for the individual you are seeking to enroll in Project Livesaver?

If not, please provide the name, address and phone number of who is, and their relationship to the Alzheimer's disease individual.

Name: _____

Home Address: _____ Home Phone# _____ Cell Phone # _____

Fax Number: _____ E-Mail Address: _____

Name of Employer: _____ Employer Address: _____

Work Phone #: _____ Work Fax #: _____ Work E-Mail Address: _____

ADDITIONAL EMERGENCY CONTACT INFORMATION

NAME:

RELATIONSHIP TO APPLICANT:

Home Address: _____ Home Phone # _____ Cell Phone # _____

Fax Number: _____ E-Mail Address: _____

Name of Employer: _____ Employer Address: _____

Work Phone #: _____ Work Fax #: _____ Work E-Mail Address: _____

APPLICANT INFORMATION (individual who has Alzheimer's disease or a related dementia disorder)

FULL LEGAL NAME:

NICKNAME (if applicable)

What is the Applicant's specific diagnosis?

When was the individual diagnosed?

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

Describe any other health related problems:

Date of Birth: _____ Current Age: _____ Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____

Describe any other distinguishing physical characteristics: _____

How long has the individual been living at this address? _____

STAMFORD POLICE DEPARTMENT

If yes, please describe the even(s) in detail with dates. (Attach additional paper if needed):

Is there any prior history of becoming lost or wandering from home?

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 and accurate to the best of my knowledge.

I UNDERSTAND that should my relative be accepted into Project Lifesaver that it does not replace the need for constant supervised care of the Applicant.

I UNDERSTAND that while Project Lifesaver utilizes a global tracking device that aids in locating individuals who wear the bracelet device, there may be times and circumstances when an individual cannot be located due to device malfunction or any other reason. I also agree to assume any/all responsibilities associated with program participation and ongoing unit maintenance.

I UNDERSTAND that all information I have provided in this application will be shared among Stamford Police Department Offices, and other appropriate agencies, and I understand that none of the information I have provided or provide in the future can be considered confidential or protected.

I UNDERSTAND that Project Lifesaver is a program sponsored by the Stamford Police Department that will work in collaboration with other area agencies; AND SHOULD THE APPLICATION 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 OR PARTICIPATION IN THE PROJECT LIFESAVER PROGRAM.

I HAVE READ THE PROJECT LIFESAVER PROGRAM FACT SHEET 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: _____

SIGNATURE: _____ DATE: _____