



## Project Lifesaver Application

### General Instructions

The Rochester Police Department/ Olmsted County Project Lifesaver Program is a joint program designed for the most vulnerable of our population who suffer from a cognitive disability who have a history of wandering. Wandering is a tendency for an individual to leave the safety of a responsible person's care or safe area and is not to be confused with intentionally running away due to anger or problem behaviors. The intended population for the program are people who have been diagnosed with Autism, Alzheimer's, Down Syndrome, Traumatic Brain Injury, and other Dementia related disorders.

Project Lifesaver is designed to be a worst case scenario option for when a person wanders off while under supervision. Caregivers must understand and agree that the locating technology used is not intended to take the place of responsible child care or caregiver practice. The wrist transmitter worn by the client remains property of the Rochester / Olmsted County Project Lifesaver Program. If at some point the client is no longer in need of the program or unable to remain part of the program, the transmitter will be returned so it can be utilized by another participant.

Please see below for program requirements. If approved, you will receive a follow up application requesting information, including detailed caregiver contact information, secondary contacts, further detailed description of the applicant, and billing information. The initial fee for the program is \$400 which applies to the purchase of the Project Lifesaver transmitter. There is an annual maintenance fee of \$150 which applies to the battery and band replacements made throughout the year. Transmitter lifespans are approximately 5 years and due to this, every 5 years, the plan will be to replace the transmitter-at a cost of \$375.

Upon Completion of this application, please print it out and mail it to: RT Autism Awareness Foundation at 1130 7<sup>th</sup> St. NW Suite 208 Rochester, MN 55901.

The transmitter may be paid for by grant or waiver. If needed, please contact RTAAF for scholarship information.

**General Client Requirements for Project Lifesaver:**

- Lives within the City of Rochester or Olmsted County
- Diagnosed with a cognitive impairment or related diagnosis
- Willing to wear a wristband (on the wrist or ankle) at all time
- Has a history of wandering
- Has 24/7 supervision and isn't allowed to live alone or be left home alone without supervision.
- Willing to allow an officer/deputy to visit to change the transmitter battery every 30-60 days.

**Caregiver information**

Name: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_

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

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

Email: \_\_\_\_\_

**Client Information**

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

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

Years lived at this address: \_\_\_\_\_

Medical Diagnosis (If more than one please list all which are applicable):

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

Is the person verbal? Y  N  If yes, what language do they speak? \_\_\_\_\_

If limited speech, describe: \_\_\_\_\_

Is the person drawn to water? Y  N  Can the person swim? Y  N

Is the person able to dress themselves? Y  N

Does the person have physical disabilities? Y  N  If yes, describe \_\_\_\_\_

\_\_\_\_\_

Does the person have additional medical issues? Y  N  If yes, describe \_\_\_\_\_

\_\_\_\_\_

Does the person attend any type of day programming? Y  N  If yes, describe \_\_\_\_\_

\_\_\_\_\_

Does the applicant have a social worker? Y  N  If yes, please fill the following:

Social worker name: \_\_\_\_\_ Social worker County: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

### History of Wandering:

Please describe each wandering episode on the following page(s):

Date of Episode 1:		Time of Episode 1:	
Where did they wander from (home, school, community event, etc.)?			
Where were they found?			
How long were they missing?			
How were they found?			
Were there extreme weather conditions such as high or low temperatures, severe thunderstorms, snow storms?			
Were the police called to assist? YES <input type="checkbox"/> No <input type="checkbox"/>			

Date of Episode 2:		Time of Episode 2:	
Where did they wander from (home, school, community event, etc.)?			
Where were they found?			
How long were they missing?			
How were they found?			
Were there extreme weather conditions such as high or low temperatures, severe thunderstorms, snow storms?			
Were the police called to assist? YES <input type="checkbox"/> No <input type="checkbox"/>			

Date of Episode 3:		Time of Episode 3:	
Where did they wander from (home, school, community event, etc.)?			
Where were they found?			
How long were they missing?			
How were they found?			
Were there extreme weather conditions such as high or low temperatures, severe thunderstorms, snow storms?			
Were the police called to assist? YES <input type="checkbox"/> No <input type="checkbox"/>			
Any additional Comments:			