PROGRAM DESCRIPTION

The Union County Sheriff ' s Office, Pilot Club of Monroe and Union County Crime Prevention Committees, Inc., have teamed up to offer this valuable rescue resource to citizens of Union County.

Project Lifesaver deploys specially trained teams with the most reliable technology available to quickly locate and return wandering adults and children to their families and caregivers.

Project Lifesaver relies on proven radio technology and a specially trained search and rescue team. Clients that are enrolled in the Project Lifesaver program wear a personalized wristband that emits a tracking signal. When caregivers notify the local Project Lifesaver agency that the person is missing, a search and rescue team responds to the wanderer's area and starts searching with the mobile locater tracking system. Search times have been reduced from hours and days to minutes. In over 1000 searches, there have been no reported serious injuries or deaths. Recovery times average less than 30 minutes.

Alzheimer's Foundation of America

Union County Crime Prevention Committees, Inc.

A Cooperative Project Between
Union County Sheriff's Office
Sheriff Eddie Cathey
and the
Pilot Club of Monroe

Union County Sheriff's Office
Project Lifesaver Initiative
3344 Presson Road

For More Information or to participate as a Community Partner, Please Call:
704-283-3765

UNION COUNTY SHERIFF'S OFFICE
"The People's Law Enforcement"

PROJECT LIFESAVER

A Cooperative Project Between
Union County Sheriff's Office
Sheriff Eddie Cathey
and the
Pilot Club of Monroe

About
Project Lifesaver International

Project Lifesaver International is a nationally recognized program that has helped locate and safely return over 1,000 persons nationwide who wandered away from home or care facilities due to mental disorders or brain injuries. The program is a cooperative effort between community organizations, local law enforcement and Project Lifesaver International.

The program is available to any person in Union County who suffers from debilitating mental conditions such as Alzheimer's Disease, Autism or brain injuries, and who may be subject to wandering away from their caregiver. There is a nominal cost associated with providing the service to residents of skilled care or nursing facilities, but it is the intent of the program not to deny the safety and security this equipment can provide to anyone because of financial reasons. Numerous civic and community partners have already come forward to support this initiative.

Pilot International, a world wide service organization, has adopted the Project Lifesaver program as part of its "Protecting our brains for life" campaign, and is committed to educational efforts to teach children to "Play Safe and Play Smart" in an effort to reduce debilitating brain injuries.

The Union County Crime Prevention Committees, Inc., have generously donated the initial funding to start the program in Union County, including the purchase of the tracking systems, and an initial quantity of tracking bracelets for persons who cannot otherwise afford the devices.

How the Program Works:

Members of the Sheriff's Office and the Pilot Club of Monroe have undergone training conducted by Project Lifesaver International in the application and maintenance of the equipment. Participants are fitted with a special radio transmitter bracelet that is tuned to a unique frequency assigned to the bracelet. The water and shock-resistant bracelets are about the size of an average wristwatch and are secured to the wearer by use of tamper-resistant clasps. Caregivers are trained in a daily regimen that documents and verifies proper operation of the device, and are provided with a diagnostic tool that verifies the bracelet is constantly transmitting the homing signal. Once a month, a Sheriff's Office employee or Pilot Club volunteer visits the client to replace the battery that powers the device. It is the intent of the Sheriff and the Pilot Club to continue to provide replacement batteries free of charge to program participants. An application process is available for private citizens who may not be able to afford the tracking bracelet, and those bracelets will be provided as funding is secured from our community partners on a first-come, first served basis. In the event the Project Lifesaver client is discovered missing, caregivers immediately notify 911, and a tracking team is dispatched from the Sheriff's Office.

History

Established in April 1999 as an initiative of the 43rd Virginia Search and Rescue Company of the Chesapeake, Virginia Sheriff's Office, Project Lifesaver is built on the work of the Stokes County (NC) Mountain Rescue program which pioneered the use of special equipment and procedures to locate lost and wandering patients with mental disorders. Amid the dramatic increase of people with Alzheimer's, Down's Syndrome, and Autism, Project Lifesaver has become one of the leading organizations addressing the need to protect these patients and bring comfort to their families and caregivers. Project Lifesaver is currently active in the following N.C. law enforcement agencies: Catawba County Sheriff's Office, Stanly County Sheriff's Office, Brunswick County Sheriff's Office, New Hanover County Sheriff's Office and the Manteo Police Department.

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704-283-3765

Union County Sheriff's Office
Project Lifesaver Initiative
3344 Presson Road
Monroe, NC 28112

Client Number: _____ Frequency: _____

Project Lifesaver
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: _____

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 (circle)

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 (circle one)

Personal Data Questionnaire

Does Resident wear a hearing aid? _____ what style? _____
If yes, what type of hearing without Aid? None/Poor/Fair (circle one)

Health/Psychological Condition

Any known physical handicaps? _____
(Describe please)
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:

1. Does the Resident remain oriented to Time and Person? Yes/No
   Explain _____

2. Does the Resident recognize familiar persons and faces? Yes/No
   Explain _____
3. Can the Resident travel to familiar locations? Yes/No
   Explain _____
4. Does the Resident have deceased knowledge of current events or tend to re-live events in his/her life? Yes/No
   Explain _____
5. Does the Resident sometimes clothe himself/herself improperly? Yes/No
   Example: Putting shoes on the wrong feet, adding underwear over clothing?
   Explain if necessary _____
6. Does the Resident remember his/her own name and the names of spouse and or children? Yes/No
   Explain _____
7. Are the Resident's sleep patterns frequently? Yes/No
   Explain _____
8. Does the Resident suffer from frequent personality and emotional changes? Yes/No
   Explain _____
9. 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?) Yes/NO
   Explain _____
10. How good is the Resident's communication ability? None/Poor/Fair/Good/Excellent (circle one please)

Personal Articles Normally Carried by the Resident:

Tobacco Products: Yes/No Type _____ Brand _____

Candy/Gum: Yes/No Brand _____

Matches: Yes/No Lighter: Yes/No Type _____

Food Items: _____
Facial tissue or other pocket/purse items: _____

Approximate Amount of Cash on Hand? $ _____
Where Normally Carried _____
Handbag, Purse or Wallet:
Description _____ Type _____ Color _____
Jewelry (Please describe) _____
Watch? _____Type_____Color_____Description_____

Equipment

Cane/Walker or _____ Hunting/Fishing, Etc. _____ (circle one or describe)
Other: _____

Experience

Familiar with area? Yes/No How recently _____ Days/Months/Years
If not local, what other areas are known to Resident? _____

_____

Taken outdoor classes? Yes/No Where? _____ When?

_____

Taken first-aid training? Yes/No Where? _____ When?

_____

Involved in Scouting? Yes/No Explain

_____

Military Experience? Yes/No Where? _____ When?

_____

Recreational Outdoor Experience? Yes/No

_____

Overnight Camping Experience? Yes/No

_____

Ever been lost before? Yes/No Where

_____

When _____ **Time of Day**

_____

Located by searchers or walk out by himself/herself?

_____

Location found_____

Actions taken

_____

Ever go out alone? Yes/No **stay on trails**? Yes/NO

General Athletic Interest/Abilities _____

Personality Habits

Smoke? Yes/No How often _____ what _____ Brand _____
Drink Alcohol? Yes/No What Type? _____ Brand _____
Use Illicit Drugs? Yes/No How often _____ Type _____
Hobbies/Interests _____
Outgoing or Quiet; Likes Groups or being alone?
Evidence of Leadership Yes/No Explain _____
Ever been in trouble with the law? Yes/NO What _____
Religious? Yes/No what faith _____
What does Resident value most? _____
Which family member is resident closest to? _____ Relationship_____
Where was Resident born and raised? _____
Has Resident received any letter recently? Yes/No from Whom _____

Is resident afraid of Dogs? Yes/No The dark? Yes/No Noises? Yes/NO (circle one beside each)
Horses? Yes/No People? Yes/No Other (explain) _____

_____

What actions taken hurt? (Cry, shout, etc.?) _____
Will Resident talk to strangers? Yes/No(circle one)
Is the Resident DANGEROUS to him/herself or others? Yes/No(circle one)

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
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(Describe please)
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.

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What actions taken hurt? (Cry, shout, etc.?) _____
Will Resident talk to strangers? Yes/No(circle one)
Is the Resident DANGEROUS to him/herself or others? Yes/No(circle one)

Project Lifesaver
Program Contract

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 fully responsibility of protecting this person from wandering. I also understand that I, or a family member, 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 has been removed or is defective; I will call Project Lifesaver immediately.

4. When I notice that 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 $ _____ shall be payable at the 1st day of each month, by pre-authorized checking/credit card/cash.
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 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 Releasees 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 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 confidentially to the Applicant's medical records, and confirm that I have the authority by which to waive such rights.

9. I understand that Project Lifesaver is a program administered by: _____. 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 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 <u>and</u> 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 3 (three) 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.

_____
CAREGIVERS NAME (PRINTED)

_____
CAREGIVERS SIGNATURE

_____
DATE

_____
(WITNESS)

_____
APPLICANTS NAME

_____
FOR PROJECT LIFESAVER

_____
(AFFILIATE NAME)