



Bringing Loved Ones Home

APPLICATION

Please Return To:

Cpl. Brian Dziejdzinski
Porter County Sheriff's Department
2755 State Road 49
Valparaiso, IN. 46383

Porter County Project Lifesaver
Search and Rescue

Search Management Section
Personal Data Questionnaire

Client Number: _____ **Frequency:** _____

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 conduct a more effective search response.

Resident: _____
Last Name First Name Middle Name

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Date Transmitter Placed: _____ **By Whom:** _____

Facility/Organization: _____ Phone: _____

Address: _____

Name of person filling out this form: _____
Last Name First Name Middle Name

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 One*)

Family/Friend Information

Other persons the resident may contact (family, friends, etc.)

Name: _____ Phone: _____

Address: _____

Name: _____ Phone: _____

Address: _____

Name: _____ Phone: _____

Address: _____

Name: _____ Phone: _____

Address: _____

Name: _____ Phone: _____

Address: _____

Physical Description of Client

Height: _____ ft. _____ in. Weight: _____ lbs. Build: _____

Hair Color: _____ Hair Style: _____ Eye Color: _____

Complexion: _____ Beard: *Yes / No* Mustache: *Yes / No* Sideburns: *Yes / No*

Balding: *Yes / No* False Teeth: *Yes / No* Glasses: *Yes / No* If yes, Style: _____ Contacts: *Yes / No*

If glasses or contacts are worn, what degree of vision exists without eyewear? *None / Fair / Poor*

Does Resident wear a Hearing Aid? *Yes / No* Type of hearing without aid? *None / Poor / Fair*

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? _____

Health / Psychological Condition

Any known physical handicaps? *Yes / No* Please Describe: _____

Any known medical problems? *Yes / No* Please Describe: _____

Medications taken regularly? *Yes / No* List any medications using correct name of drug and dosage taken: _____

Consequences of **NOT** taking medications? _____

Attending Physician: _____ Phone #: _____

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 decreased 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, etc.
Explain: _____
6. Does the Resident remember his/her own name and the names of spouse and or children? *Yes / No*
Explain: _____
7. Does the Resident's sleep patterns frequently change? *Yes / No*
Explain: _____
8. Does the Resident suffer from frequent personality and emotional changes? *Yes / No*
9. Does the Resident suffer from delusions (i.e. 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 communications ability? *None / Poor / Fair / Good / Excellent*

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? (Describe) _____
Approximate amount of cash on hand? \$ _____ Where normally carried? _____
Handbag, Purse, or Wallet (circle all that apply)
Description: _____ Type: _____
Color: _____
Jewelry (please describe): _____
Watch? _____ Type: _____
Color: _____ Description: _____

Equipment

Cane / Walker / Other: _____ 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 the 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? _____
Located by searches or walk out by him/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 (circle one) – Likes groups or being alone (circle one)
Evidence of leadership? *Yes / No* Explain: _____
Ever been in trouble with the law? *Yes / No* What? _____
Religious Activity? *Yes / No* What faith? _____
What does the Resident value most? _____
Which family member is Resident closest to? _____
Where was the 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* Horses? *Yes / No*
People? *Yes / No* Other (explain): _____

What actions taken when the Resident gets hurt? (cry, shout, etc.) _____

Will Resident talk to strangers? *Yes/No*

Is the Resident DANGEROUS to him/herself or others? *Yes/No* Explain: _____

Signature of person filling out this form

date

Witness

date

Agreement Between Porter County Project Lifesaver and RESPONSIBLE PARTY

Porter County Project Lifesaver
www.PorterCountySheriff.com

CONTRACT

THIS AGREEMENT is made this _____ day of _____ 20____, by and between the PORTER COUNTY PROJECT LIFESAVER, PORTER COUNTY TRIAD, and

(RESPONSIBLE PARTY) whose address is:

(Street/P.O.Box) _____,
(City/Town) _____, (State) _____ (Zip) _____.

WHEREAS, THE PORTER COUNTY PROJECT LIFESAVER serves the community through the efforts of volunteer members who perform benevolent, humanitarian and charitable services, principally search and rescue and disaster relief; and

WHEREAS, THE PORTER COUNTY PROJECT LIFESAVER is undertaking a program for search and rescue using electronic signaling devices as an aid in searching for lost persons who suffer in one form another from diminished mental capacity or other disability; and

WHEREAS, THE PORTER COUNTY PROJECT LIFESAVER is under no legal or other duty to provide such a search system to persons suffering from such diminished capacity or disability; and

WHEREAS, THE PORTER COUNTY PROJECT LIFESAVER, as a volunteer unit does not act as an agent, representative, or surrogate for any other person, body, or legal entity in undertaking the program and neither obligates nor is able to obligate any other person, body or legal entity by undertaking such program; and

WHEREAS, the RESPONSIBLE PARTY named herein is empowered, able, and authorized to act in the name of and on behalf of the person named in Section 1 below; and,

WHEREAS, the RESPONSIBLE PARTY desires to participate for the benefit of the person named in Section 1 below in the program being:

Initials: _____, _____

Agreement Between Porter County Project Lifesaver and RESPONSIBLE PARTY

THEREFORE:

IN CONSIDERATION OF THE MUTUAL PROMISES MADE HEREIN, the above parties agree as follows:

1. The Porter County Project Lifesaver agrees to furnish to the RESPONSIBLE PARTY named above for the use and benefit of (Client) _____ a Project Lifesaver International approved Transmitter and wristband, together with monitoring, response and tracking services appropriate and necessary for the use of such equipment.
2. It is the duty of _____, the RESPONSIBLE PARTY, to immediately notify The Porter County Project Lifesaver (through the Porter County Public Safety Communications Center) in the event the designated wearer of the Project Lifesaver Transmitter tracking bracelet is discovered missing from the RESPONSIBLE PARTY'S care.
3. In the event that the Project Lifesaver Transmitter bracelet is no longer needed by the designated wearer of said bracelet, The Porter County Project Lifesaver is to be notified immediately so that said bracelet can be removed.
4. If the Project Lifesaver Transmitter bracelet is lost or otherwise rendered unusable, the RESPONSIBLE PARTY shall reimburse The Porter County Project Lifesaver the monetary cost of said bracelet.
5. It is expressly understood and agreed The Porter County Project Lifesaver is responsible for the routine maintenance of the equipment provided hereunder; however, The Porter County Project Lifesaver is NOT responsible in any respect for any technical failure due to manufacturing or material defects of the equipment herein provided. It is expressly understood and agreed that The Porter County Project Lifesaver makes no warranties of any kind with regard to the equipment described herein, the operation or effectiveness of the equipment described herein, the fitness or suitability of the equipment described herein for a particular purpose, or the merchantability of the equipment described herein.
6. In the event of failure of the equipment described herein, The Porter County Project Lifesaver will attempt to replace or repair such equipment at its option, upon being notified of the need for such service.
7. It is specifically agreed and understood that The Porter County Project Lifesaver shall retain all title and interest in said equipment, and in no way does the lessee acquire any title in said equipment.
8. This agreement may be terminated at the option of either party upon thirty (30) days written notice to the other party.

Initials: _____, _____

Agreement Between Porter County Project Lifesaver and RESPONSIBLE PARTY

9. The RESPONSIBLE PARTY specifically acknowledges and agrees that the Project Lifesaver Transmitter/Bracelet is NOT intended to replace the care, monitoring, attention, and oversight to be provided by the RESPONSIBLE PARTY to the person named in Section 1 above. The RESPONSIBLE PARTY, on behalf of the bracelet wearer, accepts the use of Project Lifesaver International approved equipment and the services described above with the understanding that said equipment and services are intended to be merely an additional and ancillary (supplementary) tool providing an extra means of locating the wearer of the Project Lifesaver Transmitter/Bracelet in the event that the wearer is discovered missing.
10. **NOTICE: READ SECTION 11 VERY CAREFULLY!**
DO NOT SIGN THIS CONTRACT UNLESS YOU UNDERSTAND THIS SECTION! SECTION 11 WAIVES IMPORTANT LEGAL RIGHTS AND CLAIMS! YOU ARE RECOMMENDED TO CONSULT YOUR OWN ATTORNEY BEFORE SIGNING THIS CONTRACT!

_____, the RESPONSIBLE PARTY, hereby releases The Porter County Project Lifesaver from any and all liability arising from any failure of the Project Lifesaver International approved equipment or any failure of The Porter County Project Lifesaver of whatever sort, kind or nature, regarding the performance and fulfillment of the monitoring, response, and tracking services described in Section 1 above, or any other ends for which this agreement is made.

The Porter County Project Lifesaver shall not be held responsible for any failure, delay, default, interruption, stoppage, or interference or any other failure of any kind, manner, or nature regarding the performance of the equipment or services under this contract.

_____, the RESPONSIBLE PARTY, hereby releases and holds harmless The Porter County Project Lifesaver, Project Lifesaver International and the equipment manufacturer from any and all liability arising from any failure of the Project Lifesaver International approved equipment or any failure of The Porter County Project Lifesaver against all claims, actions, lawsuits, or causes of action brought against The Porter County Project Lifesaver whether by RESPONSIBLE PARTY, or on RESPONSIBLE PARTY'S behalf, or by others, even if such claim is false or fraudulent and regardless of who the parties may be.

_____, the RESPONSIBLE PARTY, hereby releases and holds harmless (1) the Porter County Sheriff's Department, (2) the Porter County Triad (3) the Porter County Government (4) The Alzheimer's Association, and (5) any and all members of and all other persons or entities associated with The Porter County Project Lifesaver in conducting this program involving the use of Project Lifesaver International approved equipment and the provision of said services described herein. Such parties named in this paragraph shall be released and held

Initials: _____, _____

Agreement Between Porter County Project Lifesaver and RESPONSIBLE PARTY

harmless to the full extent and in every manner identified in Section 11 regarding The Porter County Project Lifesaver.

11. Liquidated Damages and Limitation of Liability: In any lawsuit under this contract, the maximum liability under any circumstances of The Porter County Project Lifesaver, the Porter County Sheriff's Department, and any other persons or entities named in Section 11 shall be limited to the amounts of the monthly maintenance fee already paid by the RESPONSIBLE PARTY to The Porter County Project Lifesaver.
12. The RESPONSIBLE PARTY understands and agrees that The Porter County Project Lifesaver makes no warranties, guarantees, assurances, or promises of any kind as to the effectiveness or success of the tracking services provided herein, or of any search or searches undertaken utilizing the approved equipment or other electronic equipment used during the term of this contract or pilot program.
13. The RESPONSIBLE PARTY specifically agrees and promises NOT to rely upon the equipment or services herein for the safety, welfare, finding, or retrieval of the wearer of the Project Lifesaver International approved Transmitter/Bracelet.
14. The RESPONSIBLE PARTY agrees and understands that the equipment and services provided under this contract may be ineffective and unavailing for the purposes provided.
15. Therefore, the RESPONSIBLE PARTY specifically disclaims any reliance, expectation of success, or dependence upon the equipment or services for the health, safety, welfare, finding, rescue, or retrieval of the person named in Section 1 above.

Initials: _____, _____

Agreement Between Porter County Project Lifesaver and RESPONSIBLE PARTY

By signing below, I, the RESPONSIBLE PARTY affirm that I have read and understand this contract including the waiver and release of liability in Section 11, the limitation of liability in Section 12, and the non-reliance provisions of Section 41, and that it is my desire and intention to enter into this agreement. By affixing my signature below I hereby agree to the terms and provisions of this contract.

RESPONSIBLE PARTY

WITNESS (or, Notary)

Street Address/P.O. Box

Street Address/P.O.B./Notary State

City, State, Zip

City, State, Zip, Notary's City

Telephone

Telephone (Notary, leave blank)

(My Commission expires: _____)

ACCEPTED: Porter County Project Lifesaver Representative:

BY: _____

Signatory

For Use by Notary Public

On this _____ day of _____ in the year of our Lord 20____, before me, a Notary Public, State of Indiana, duly commissioned and sworn, personally appeared _____, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the foregoing instrument, and acknowledged to me that he or she executed the same.

IN WITNESS WHEREOF, I hereunto set my hand affixed my official seal in the State of Indiana, County of Porter on the dated set forth above in this certification.

Notary Public

State of Indiana

My Commission expires: _____

Initials: _____, _____