



PROJECT LIFESAVER - BRINGING LOVED ONES HOME

Enrollment Application/Client Profile

This **Project Lifesaver** application is designed for Custodial Caregivers. By submitting this application, you will be considered for participation in the **Project Lifesaver Program**.

- ✓ Transmitters will be placed with clients **ONLY** at the request of a legally responsible party, i.e.:
 - Spouse
 - Son or daughter, in the absence of a spouse
 - Family member having legal, primary caregiver responsibility
 - Assisted living administrator requiring transmitter for client to reside at the facility
- ✓ In the event there is no spouse and there is disagreement on placement, no placement will be done until requested by the family member having legal authority via Power of Attorney (POA) or Court Order naming him/her as the responsible caregiver. A copy of the POA or Court Order must be made available to WJCS and kept in the client's file.
- ✓ Clients should be under 24/7/365 supervision, and should NOT be left alone in the residence.
- ✓ Caregivers will be provided with instructions and emergency contact phone numbers.
- ✓ Caregivers will be provided a tester and given instructions on its use and the procedures to test the battery/transmitter daily. These tests will be recorded on a daily battery test log, which will be handed in at the time of a battery change. A new daily log will be provided for the next 60 days.
- ✓ The Caregivers will be given a contract and the terms and agreements explained. The contract must be signed and filed at the Administration Office of Westchester Jewish Community Services.

Client's Name _____

Caregiver's Name _____ Age _____

Relationship to client _____ Caregiver's address & phone# _____

In addition to this application, we will need a recent **PHOTO** of the client to upload into his/her Project Lifesaver profile. The client's face and upper body should be clearly visible, and the client should NOT be wearing a hat/cap/hoodie or any bulky clothing such as jackets/coats.

Please send the photo as an attachment in an email to: ipettersen@wjcs.com . The completed application can also be emailed to me, or sent to WJCS – Project Lifesaver, 845 North Broadway, White Plains, NY, 10603, Attn: Isabel M Pettersen

Make sure the photo is labeled with the client's name and that it is a JPEG or PNG.

PROJECT LIFESAVER - CLIENT DATA / PROFILE

Client's Name: _____ Nickname: _____
Address: _____ Telephone: H# _____
_____ Cell# _____

How long has client lived at the above address? Since _____

Client's Former Address(es): _____

Medical Conditions/Diagnosis: _____

Residence Notes/**Who lives with client?** _____

Name of spouse (if applicable): _____ Circle: Living/Deceased

CLIENT DESCRIPTION

D.O.B. _____ Current Age: _____ Gender: M ___ F ___

Height: _____ Weight: _____ Race: _____

Hair Color: _____ Eye Color: _____

CIRCLE what is appropriate/customary for the client: _____ Complexion: Fair Medium Dark

CIRCLE: Beard Moustache Sideburns Bald Wig Cane Walker Limp False teeth

CIRCLE Aides: Glasses Contacts Hearing Aids Other: _____

Other Distinguishing Characteristics: (Birthmark, Scar, Tattoo, etc.): _____

Primary Language: _____ Secondary Language(s) _____

How good is the client's communication ability? None / Poor / Fair / Good / Excellent

Medications taken regularly: _____

Does Client Smoke, Drink, or use Illicit Drugs (explain)? _____

Will Client Talk to Strangers? _____ Is client afraid of dogs/cats/any animals (explain)? _____

Is Client a Danger to Self or Others? _____ Is client afraid of the dark/noises (explain)? _____

List Client's Hobbies, Interests, Fears/Preoccupations, Favorite Sports: _____

Does the client have access to firearms or hold a permit to carry firearms? YES / NO If YES, must explain:

Items Normally Carried or Worn (candy/gum/matches/lighter/tobacco/food/tissues/cash/jewelry/etc.):

Places client likes to frequent/is familiar with/likes to visit: _____

Experience – does the client have the following experiences, circle Yes or No. If yes, please explain:

- First-aid training? Yes / No _____
- Military experience? Yes / No _____
- Recreational Outdoor Experience? Yes / No _____
- Overnight Camping Experience? Yes / No _____
- Involved in Scouting? Yes / No _____

Does the client go out alone? _____ Does the client still drive? _____

Has the client ever gotten lost? Explain (when, how long was client missing, location found, who found him/her)

Please answer the following questions, and explain when applicable:

- Does the client remain oriented to Time and Person? Yes / No _____
- Does the client recognize familiar persons/faces? Yes / No _____
- Can the client travel alone to familiar locations? Yes / No _____
- Does the client have decreased knowledge of current events or tend to re-live events in his/her life? Yes / No _____

- Does the client sometimes clothe himself/herself improperly? Yes / No _____
- Does the client remember his/her own name and the names of spouse and/or children? Yes / No _____
- Are the client's sleep patterns regular? Yes / No _____
- Does the client have frequent personality and emotional changes? Yes / No _____
- Does the client have delusions (see imaginary visitors/talk to reflection in the mirror/imagine their loved-one is an imposter, etc.)? Yes / No _____

Most recent occupation: _____

Other persons the client might contact or try to visit:

Name _____

Name _____

Address _____

Address _____

Phone # _____

Phone # _____

Relationship to client _____

Relationship to client _____

Name _____

Name _____

Address _____

Address _____

Phone # _____

Phone # _____

Relationship to client _____

Relationship to client _____

Any Additional Information? _____
