

BERGEN COUNTY SHERIFF'S OFFICE

BRINGS YOU

LEO P. McGUIRE
SHERIFF

PROJECT LIFESAVER

The reliable rapid- response,
With law enforcement aiding
Victims and families suffering
From Alzheimer's disease,
Autism and Down syndrome

WWW.BCSD.US

PROJECT LIFESAVER
Personal Data

Frequency #	
Date Transmitter Placed	
Installed By	

Last Name	
First Name	
Middle Name	
Address	
City	
State	
Zip Code	
Phone Number	
Nickname	
Date of Birth	

Race	
Sex	
Height	
Weight	
Hair Color	
Style	
Facial	
Eye Color	
Glasses	
Skin Tone	
Diagnosis	

Other Physical Characteristics: _____

Occupation / Retired From: _____

Name of Spouse: _____ Living: ____ Deceased: ____

MEDICAL / PERSONAL INFORMATION

Physical Handicaps: _____

Medical Problems: _____

Medications: _____

Diagnosed Conditions: _____

Conditions: _____

CARETAKER INFORMATION

Name of Caretaker: _____ Phone #: _____

Relationship: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Cell #: _____ Pager #: _____

Most Recent Place of Work: _____

Most Recent Occupation: _____

Name of Spouse: _____ Living/Deceased (circle)

FAMILY / FRIEND INFORMATION

*** Other persons the resident may contact

Name: _____ Address: _____

Phone: _____

Name: _____ Address: _____

Phone: _____

Name: _____ Address: _____

Phone: _____

Name: _____ Address: _____

Phone: _____

**PROJECT LIFESAVER
PERSONAL DATA QUESTIONNAIRE**

This form is designed for Care Givers to Provide, in advanced, certain information that will be useful to Search Teams, should the need arise. Providing the information in advance of the need will allow search personnel to do their jobs faster when needed.

Resident: _____

Address: _____

City / State: _____ Zip: _____

Phone: _____

Date Transmitter Placed: _____

Address: _____

Name of person filling out this form: _____

Phone: _____

Resident Personal Data

Birthdate: _____ Sex: _____ Race: _____

Nicknames: _____

Most Recent Address: _____

**BERGEN COUNTY SHERIFF'S OFFICE
PROJECT LIFESAVER
CARE GIVER INSTRUCTIONS**

1. Check the transmitter every day with the tester provided. Sign and date the tester sheet. If a problem exists or the transmitter isn't indicating transmission (no pulsing or steady, glowing red light), notify us immediately.
2. If the patient is missing, first check obvious places around the home. If not located within a few minutes, notify your local police department along with the Bergen County Sheriff's Office via phone number provided below.

***Be sure to tell them you are part of Project Lifesaver**

- A. If you are at home, we will call you back while we are responding.
- B. If the patient lives out-of-town or you are away from home, notify the local police department after you call us. Provide them with a good description including clothing. Carrying a current picture is helpful. Remember to leave a phone number where you can be reached and stay near the phone

Phone: 201-336-3500

Installed by:

Physical Description

Height: _____ Weight: _____ Build: _____

Hair Color: _____ Hair Style: _____

Complexion: _____ Beard: Yes__ No__ Side Burns: 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: Yes__ No__

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__

Personal Data Questionnaire

Does Resident wear a hearing aid: _____ What Style: _____

If Yes, what type of hearing without the aid: None__ Poor__ Fair__

Health / Psychological Condition

Any known physical handicaps (describe): _____

Any known medical problems (describe): _____

Medications taken regularly: _____

List any medication using correct name of drug and dosage being taken: _____

Consequences of NOT taking medications: _____

Attending Physician: _____ Telephone: _____

Any psychological problems: Yes__ No__ Nature: _____

Check One: __ Alzheimer's __ Developmental __ Brain Injury __ Dementia

1. Does the Resident remain oriented to time and person: Yes__ No__

Explain: _____

2. Does the Resident recognize the 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__

Explain: _____

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 irregular: 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 his/her spouse is an imposter, etc.) Yes__ No__

Explain: _____

10. How good is the Resident's communication 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 Purse/Pocket Items (describe): _____

Approximate amount of cash on hand: \$ _____

Where normally carried: _____

Handbag __ Purse __ Wallet __

Description: _____ Type: _____ Color: _____

Jewelry (describe): _____

Watch: __ Type: _____ Color: _____ Description: _____

Ever been in trouble with the law: Yes__ No__ What: _____

Religious: Yes__ No__ What faith: _____

What does Resident most value: _____

Which family member is Resident closest to: _____ Relationship: _____

Where was Resident born and raised: _____
(city, state, and country)

Has Resident received any letters 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 hurt (cry, shout, etc.): _____

Will Resident talk to strangers: Yes__ No__

Is the Resident DANGEROUS to him/herself or others: Yes__ No__

Equipment

Cane: Yes__ No__

Walker: Yes__ No__

Hunting: Yes__ No__

Fishing: Yes__ No__

Other (describe) _____

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 searchers or walk out by his/herself: _____

Location found: _____

Actions taken: _____

Ever go out alone: Yes__ No__

Stay on trails: Yes__ No__

General athletic interests/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 Yes__ No__

Quite: Yes__ No__

Likes groups Yes__ No__

Being alone: Yes__ No__

Evidence of leadership: Yes__ No__ Explain: _____

**BERGEN COUNTY SHERIFF'S OFFICE
PROJECT LIFESAVER CONTRACT**

THIS AGREEMENT is made this ____ day of _____ 2006, by and between the BERGEN COUNTY SHERIFF'S OFFICE (hereinafter the "BCSO"), and

(Responsible Party) whose address is _____
_____(City/Town),_____(State),_____(Zip Code).

WHEREAS, the BCSO serves the community through the efforts of volunteer members who perform benevolent, humanitarian, and charitable services, principally air and ground search and rescue and disaster relief; and,

WHEREAS, the BCSO 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 or other from diminished mental capacity or other disability; and,

WHEREAS, the BCSO 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 BCSO 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 undertaken:

THEREFORE:

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

1. The BCSO agrees to furnish to the RESPONSIBLE PARTY named above for the use and benefit of _____, a CARE TRAK system consisting of a Wrist Band transmitter or its equivalent together with monitoring, response and tracking services appropriate and necessary for the use of each equipment.

2. The RESPONSIBLE PARTY will pay a monthly maintenance fee for the purchase of (1) battery, (1) new nylon band, and (1) new band clincher per month, said sum to be equal to the current pricing of equipment at Project Lifesaver headquarters. Payment should be paid on or before the 10th (tenth) day of each month to Project Lifesaver.
3. It is the duty of _____, the RESPONSIBLE PARTY, to immediately notify their local police department in the event the designated wearer of the CARE TRAK tracking bracelet is discovered missing from the RESPONSIBLE PARTY'S care.
4. In the event that the CARE TRAK bracelet is no longer needed by the designated wearer of said bracelet, the BCSO is to be notified immediately so that said bracelet can be removed.
5. If the CARE TRAK bracelet is lost or otherwise rendered unusable, the RESPONSIBLE PARTY shall reimburse the BCSO immediately. The RESPONSIBLE PARTY may purchase another bracelet at their expense.
6. It is expressly understood and agreed that the BCSO is responsible for the routine' maintenance of the CARE TRAK equipment provided hereunder however, the BCSO 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 BCSO 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. In addition, the BCSO is not responsible for any failure of the telephone pager system used for emergency messages or alerts. Telephone systems and pager systems fail to perform or under performed from time to time. The BCSO makes no warranties of any kind with regard to telephone or pager systems used in the program.
7. In the event of failure of the CARE TRAK equipment described herein, the BCSO will attempt to replace or repair such equipment at its option, upon being notified of the need for such service.
8. It is specifically agreed and understood that the BCSO shall retain all title and interest in said equipment, and in no way does the lessee acquire any title in said equipment.
9. This agreement may be terminated at the option of either party upon thirty (30) days written notice to the other party.

10. The RESPONSIBLE PARTY expressly acknowledges and agrees that the CARE TRAK bracelet tracking system 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 the CARE TRAK equipment and the services described above with the understanding that the CARE TRAK equipment and services are intended to be merely an additional and ancillary (supplemental) tool providing an extra means of locating the wearer of the CARE TRAK bracelet in the event that the wearer is discovered missing.
11. 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 BCSO from any and all liability arising from any failure of the CARE TRAK equipment or any failure of the BCSO 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 BCSO 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 BCSO for all action and inaction on its part, and indemnifies the BCSO against all claims, actions, lawsuits, or causes of action brought against the BCSO, 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 Bergen County Sheriff's Office; (2) the County of Bergen; (3) any and all members of the BCSO, as well as any and all other persons or entities associated with the BCSO in conducting the program involving the use of the CARE TRAK equipment and the provision of said services described herein. Such parties named in this paragraph shall be released and held harmless to the full extent and in every manner identified in Section 11 regarding the BCSO.

13. The RESPONSIBLE PARTY understands and agrees that the BCSO 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 CARE TRAK system or other electronic equipment used during the term of this contract or program.
14. The RESPONSIBLE PARTY specifically agrees and promises NOT to rely upon the equipment or services herein for the safety, security, welfare, finding, or retrieval of the wearer of the CARE TRAK bracelet.
15. The RESPONSIBLE PARTY agrees and understands that the equipment and services provided under this contract may be ineffective and unavailing for the purposes provided. 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.

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 14, 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

BERGEN COUNTY SHERIFF'S OFFICE

Street Address/P.O. Box

City, State, Zip Code

Date

Telephone Number

PARTICIPATION CRITERIA

- The individual must be diagnosed with Alzheimer's disease, Autism, or Down Syndrome.
- Individuals with Alzheimer's disease, Autism, or Down syndrome must reside in Bergen County in a private residence with a 24-hour live-in caregiver.
- The caregiver must send a letter of request to the Office of the Bergen County Sheriff.
- The cost of the initial equipment is approximately \$290.00, with a maintenance fee of approximately \$13.00 per month to cover the cost of battery and bracelet. (Prices subject to change.)