



Sauk County

PROJECT LIFESAVER

Application

Name of Applicant _____ DATE COMPLETED _____

Address _____

City/State/Zip _____ Township _____

Phone (home) _____ (cell) _____

Email _____

Birthdate _____ Gender: male ___ female ___

Person Responsible for Applicant _____

Relationship to Applicant _____

Address _____

City/State/Zip _____

Phone (home) _____ (cell) _____

Email address _____

Diagnosis _____ Date of Diagnosis _____

Diagnosed by(doctor) _____

(facility) _____

Description of Wandering History (Include dates if known and if law enforcement was notified. Use back side or add pages as

needed) _____

(over please)

For a child applicant, return application to: Lauri Morris, Sauk Co Dept of Human Svcs, PO Box 29, Baraboo WI 53913

For an adult applicant, return application to: ADRC of Sauk Co, ATTN: Project Lifesaver, 505 Broadway, Baraboo WI 53913

Revised 03/12



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Will your loved one tolerate the wrist band or does he/she have sensory concerns that would interfere with him/her wearing the band? -

Does your child have funding for Project Lifesaver? _____

Please check the answer that best describes your loved one.

		Yes	No
1.	My loved one understands the dangers of environmental features such as temperature, deep water, woods, parking lot, street or road traffic.		
2.	My loved one is extremely trusting of strangers.		
3.	My loved one tends to be fixated on leaving or going to a particular place. ["home", park, zoo, store, school, etc.]		
4.	My loved one is able to tell a stranger their name, address, or other identifying information.		
5.	My loved one has eloped or 'wandered off' in the past 6 months.		
6.	My loved one has eloped or 'wandered off' more than 6 months ago.		
7.	My loved one has a particular fear, phobia or trigger that may cause them to want to 'get away'.		
8.	Other measures to prevent elopement have been tried without success or are not feasible. [door chimes/alarms, room monitor, fenced yard]		
9.	My abilities as caregiver/supervisor are limited.		

If you have checked on the risk page that your abilities as caregiver/supervisor are limited, please give a brief explanation (single parent, lack of supports in the area, other siblings, etc...)

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