



# Sauk County PROJECT LIFESAVER

## Application

Name of Applicant \_\_\_\_\_

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) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**For a child applicant, return application to: Lauri Morris, Sauk Co Dept of Human Srvs, 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**