



TOWNSHIP OF BETHLEHEM

Police Department

4225 Easton Avenue
Bethlehem, Pennsylvania 18020-1496

Phone: (610) 814-6410

Fax: (610) 814-6417

www.bethlehemtownship.org



Chief of Police
Gregory J. Gottschall

Project Lifesaver International

“bringing loved ones home”

To enroll a loved one in the Project Lifesaver program, you must:

1) Complete the attached application packet. The application must be completed and submitted by the legal primary family member/caregiver (authorized representative) for a relative with a physician-confirmed diagnosis.

2) Return the packet to Bethlehem Township Police Corporal Andrew Kanaskie for review and agency authorization. To make an appointment, contact him at 610-814-6415 or email akanaskie@bethlehemtownship.org

3) Upon agency authorization, payment for the transmitter and accessories must be made to the agency. The first-year enrollment is approximately \$300; each additional year is approximately \$20.

4) Upon receipt of the transmitter, the agency will contact you to schedule a short meeting. During this meeting, we will test the transmitter, record the number of the transmitter, and ask that you provide the agency with a photograph of the person wearing the transmitter. Any questions will be answered, and we will ensure you know how the device functions, tested, and worn.



(transmitter bracelet)

Wristband equipment must be purchased to participate. Limited grant opportunities are occasionally available. Contact Cpl. Kanaskie to be on a wait list for grants



(police tracking equipment)

Project Lifesaver use only:

Date of Installation: _____ Agency: _____

Client Number: _____ Frequency: _____ ID Number or Code _____

Transmitter Type: _____ Band size and type: _____



Project Lifesaver International

Client Information Sheet and Personal Data Questionnaire

PLEASE PRINT CLEARLY AND ANSWER ALL QUESTIONS

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 establish a more effective search response.

Client's Basic Data

Client: _____

Address: _____

City/State: _____ Zip: _____

Phone: _____

Date of Birth: _____ Sex: (circle) Male Female Race: _____

Immediate Caregiver Information

Caregiver/relationship: _____

Facility/Organization: _____

Address: _____

City/State/Zip: _____

Phone: _____ Email: _____

Family/Friend Information
persons the client might contact (family, friends, etc.)

Name: _____ Phone: _____
Address: _____
City/State: _____
Relationship to client: _____
Email: _____

Name: _____ Phone: _____
Address: _____
City/State: _____
Relationship to client: _____
Email: _____

Physical Description

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

Hair color _____ Hair Style _____ Eye Color _____

Beard: 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. _____

General Appearance _____

Languages other than English understood? _____

Speak? Yes No Read? Yes No Write? Yes No

Wear glasses? Yes No Contacts? Yes No Sunglasses? Yes No

If yes glasses, description: _____

Vision without eyewear? (circle one) Good Poor Fair

Personal Background Questionnaire

Nickname(s): _____

Most recent address: _____

Most recent place of work: _____

Most recent occupation: _____

Where was Resident born and raised? _____

Name of Spouse: _____ Living/deceased (circle)

Wear a hearing aid? Yes No If yes, style/type/description _____

If yes, what type of hearing without Aid? None/Poor/Fair (circle one)

Medical/Health/Psychological Condition

Physician Wandering Diagnosis:

Any known physical handicaps? _____

Any known medical problems? _____

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

Consequences of NOT taking medications? _____

Attending Physician _____ Phone No. _____

Any Psychological Problems? Yes/No Nature _____

Personal Articles Normally Carried by the Resident

Tobacco Products: Yes No Type _____ Brand _____

Candy/Gum: Yes No Brand _____

Matches: Yes No Lighter: Yes No

Cash? \$ _____ Where Normally Carried _____

Handbag, Purse or Wallet:

Description _____ Type _____ Color _____

Jewelry (Please describe) _____

Watch? _____ Type _____ Color _____ Description _____

Equipment

Cane or /Walker: (circle one) yes no If yes, describe _____

Other: _____

Experience

Does the Client

Remain oriented to Time and date ? Yes No

Recognizes familiar persons and faces? Yes No

Explain _____

Able to travel to familiar locations? Yes No

Explain _____

Has decreased knowledge of current events or tend to re-live events in his/her life? Yes No

Explain _____

Sometimes clothe himself/herself improperly? Yes No

Example: Putting shoes on the wrong feet, adding underwear over clothing?

Remembers his/her own name and the names of spouse and or children? Yes No

Explain _____

Sleep patterns frequent or Sporadic?

Explain _____

Suffer from frequent personality and emotional changes? Yes No

Explain _____

Suffer from delusions (See Imaginary Visitors, Talk to self, Imagine that their spouse is an imposter, etc?) Yes No

Explain _____

Ever go out alone? Yes No

Where _____

Familiar with area? Yes No

If not local, other areas are known to client? _____

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? _____

Outdoor Experience? Yes No
Where: _____

Camping Experience? Yes No
_____ Day or Night _____

Ever been lost before? Yes No
Where _____ When _____
Time of Day _____
Location found _____

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 _____

Evidence of Leadership Yes No Explain _____

Any trouble with the law? Yes No Explain _____

Religious? Yes No What faith _____

Received mail recently? Yes No From Whom _____

Afraid of Pets? Yes No

Afraid of the dark? Yes No

Afraid of wildlife? Yes No

Afraid of Crowds? Yes No

Talks to strangers? Yes No

Dangerous to self/others Yes No

Outgoing or Quiet _____ Likes Groups or being alone? _____

What does Resident value most? _____

Which family member is resident closest to? _____ Relationship _____

Reactions to hurt or pain? (Cry, shout, etc.?) _____

Comments:

Signature of Individual completing this form

Relationship

Name (printed)

Date application completed

BETHLEHEM TOWNSHIP POLICE DEPARTMENT
PROJECT LIFESAVER INTERNATIONAL
AGREEMENT

This **AGREEMENT** (hereinafter referred to as "**Agreement**") is entered into as of today's date (hereinafter referred to as "**Effective Date**") between the Subscriber of this service (hereinafter referred to as "**Subscriber**"), and the agency/local administrator of Project Lifesaver Program Bethlehem Township Police Department, 4225 Easton Avenue, Bethlehem, PA 18020 (hereinafter referred to as "**Agency**").

AGREEMENT

Agency will supply Subscriber with a device which proper authorities can use to search for and attempt to locate Subscriber's loved one.

Subscriber understands that there are fees and responsibilities involved in receiving the aforementioned service.

Subscriber understands that Agency does not and cannot guarantee locating Subscriber's loved one should the loved one wander.

Agency assumes no liability should the device fail or should the search fail. Agency cannot ensure that maintenance of the device is performed properly. All liability for the maintenance of the device is the responsibility of the Subscriber. Agency will, when notified, replace a non-working device as soon as possible, provided the device was not damaged intentionally or by neglect.

ARTICLE 1: DEFINITIONS

- (a) "Device" means transmitter that Agency uses in conjunction with locating a Subscriber's loved one who has Autism, Alzheimer's, or any other condition which may tend to have a wandering characteristic.
- (b) "PLI" means Project Lifesaver International, Inc., a Virginia Non-Profit 501(c)3 Corporation.
- (c) "Party" or "Parties" means PLI, Agency, and/or Subscriber.

Subscriber's Initials _____

- (d) "Subscriber" means the person or caregiver who subscribes to the service that PLI offers in locating their loved ones who have Autism, Alzheimer's, or any other disorder which may tend to have a wandering characteristic.
- (e) "Term" means the period commencing on the effective date and expiring when terminated properly by either party.
- (f) "Agency" means administrator of local Project Lifesaver Program.

ARTICLE 2: TERM AND TERMINATION

2.1 Term. The term of this Agreement will be indefinite until properly terminated by either party.

2.2 Termination.

- (a) Subscriber may terminate this Agreement at any without refund.
- (b) Agency may terminate this Agreement at any time.

ARTICLE 3: QUALITY CONTROL

3.1 Responsibilities of Subscriber:

- (a) Subscriber is responsible for fees for leasing the Device, for administrative costs, and for supplies required to maintain the device.
- (b) Subscriber is responsible for notifying Agency on any and all updates concerning Subscriber's loved ones, including change of address and/or contact information.
- (c) Subscriber is responsible to use the transmitter tester to check the Device daily to ensure that it is working properly and to document those checks on the daily check sheet.
- (d) Subscriber is responsible to notify Agency immediately should the client who is wearing the transmitter wander.

Subscriber's Initials _____

3.2 Responsibilities of Agency:

- (a) Agency will be responsible, upon receipt of payment from Subscriber, to provide a one-year supply of batteries and bands for device upon initial enrollment, and a one-year supply of batteries and bands with each subsequent enrollment period.
- (b) Agency is responsible to perform search when notified by Subscriber should a wandering event has occurred.

ARTICLE 4: WAIVER

WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT

In consideration for participating in the Project Lifesaver International program, and other valuable consideration, I hereby RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE AGENCY, its officers, servants, agents, and/or employees (hereinafter referred to as RELEASEES) from any and all liability, claims, demands, actions, and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by me or my loved ones, or to any property belonging to me or my loved ones, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES, or otherwise, while participating in this service.

I further hereby AGREE TO INDEMNIFY AND HOLD HARMLESS THE RELEASEES from any loss, liability, damage, or costs, including court costs and attorney's fees, that may incur due to my participation in said service, WHETHER CAUSED BY NEGLIGENCE OF RELEASEES or otherwise.

It is my express intent that this Release and Hold Harmless Agreement shall bind the members of my family and spouse (if any), while I am alive, and my heirs, assigns, and personal representative, if I am not alive, and shall be deemed as a RELEASE, WAIVER, DISCHARGE AND COVENANT NOT TO SUE the above named RELEASEES. I hereby further agree that this Waiver of Liability and Hold Harmless Agreement shall be construed in accordance with the laws of the Commonwealth of Pennsylvania.

I ALSO UNDERSTAND THAT I AM RESPONSIBLE FOR ANY DAMAGE I OR MY LOVED ONE OR ANY PERSON CAUSE TO THE DEVICE INCLUDING BY NEGLECT.

IN SIGNING THIS RELEASE, I ACKNOWLEDGE AND REPRESENT THAT I have read the foregoing Waiver of Liability and Hold Harmless Agreement, I understand it, and I sign it voluntarily as my own free act and deed; no oral representations, statements, or inducements, apart from the foregoing written agreement, have been made; I am at least eighteen (18) years of

Subscriber's Initials _____

age and fully competent; and I execute this Release for full, adequate, and complete consideration fully intending to be bound by same.

IN WITNESS WHEREOF, I have hereunto set my hand on this _____ day of _____, 20____.

Signature of Parent, Guardian, or Caregiver
(please circle one)

Printed Name of Parent, Guardian, or Caregiver

Date

Name of PLI Agency

Agency Representative

Date

Subscriber's Initials _____