



**Sheriff's Office**  
**Fairfax County, Virginia**  
**Project Lifesaver**  
 10520 Judicial Drive  
 Fairfax, Virginia 22030  
 Phone: (703) 246-2805



### Project Lifesaver Client/Caregiver Application

This application is designed for Custodial Care Givers to apply for participation in the Fairfax County Sheriff's Office Project Lifesaver program. By completing and submitting this form you will be considered for participation in Project Lifesaver. You will be sent additional materials to complete and assigned a place on the waiting list. The following information applies to our policies concerning the waiting list.

1. Clients will be taken off the waiting list and put into Project Lifesaver on a first come – first served basis.
2. We will place all potential clients on the list who have been referred from other agencies or who contact Project Lifesaver directly.

#### Client Information

Client Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex:    Male    Female (check one)

Name of Spouse: \_\_\_\_\_    Living    Deceased (check one)

What disorder does the Client have? \_\_\_\_\_

Ever been lost before?    Yes    No (check one) Where/When: \_\_\_\_\_

How was he/she found and by whom? \_\_\_\_\_

Were law enforcement authorities notified?    Yes    No (check one) Agency: \_\_\_\_\_

#### Caregiver Information

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell/Pager: \_\_\_\_\_

Relationship to Client: \_\_\_\_\_

Return to: Project Lifesaver, Fairfax County Sheriff's Office, 10520 Judicial Drive, Fairfax, VA 22030