



**Sheriff's Office
Fairfax County, Virginia
Project Lifesaver**

10520-B Judicial Drive
Fairfax, Virginia 22030
Phone: (703) 246-2805 Fax: (703) 352-4792



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. If a potential client is referred to us that has a documented (police report) case of wandering, they will be given priority.
3. Additional potential clients that have documented wandering cases will also be added on a first come – first served basis and have priority over potential clients with no documented cases of wandering.
4. 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: _____ E-o cil: _____

Address: _____

City/State: _____ ZIP: _____

Home Phone: _____ Work Phone: _____ Cell/Pager: _____

Relationship to Client: _____

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