



# PROJECT LIFESAVER

BRANSON, MO

## Client Application

### 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: \_\_\_\_\_

- Does the client reside in the city limits of Branson, MO? YES / NO
- Will the "client" wear the Transmitter Bracelet? YES / NO
- Does the client exhibit the tendency to wander away from home and become lost or is the client "developing" the tendency to wander? YES / NO
- Is there a caregiver that lives with the person that will check the battery every day and be there to call if the "client" is discovered missing? YES / NO