



**Project Lifesaver**  
 Berks County Sheriff's Office  
 633 Court Street  
 Reading, PA 19601



***Client and Caregiver Application***

This form allows custodial caregivers of victims of Alzheimer's, Dementia, Down Syndrome, Autism, and other related mental dysfunction disorders to apply for participation in the Berks County Sheriff's Office Project Lifesaver program. Complete and submit this form in order for you and the client to be considered for participation in Project Lifesaver. You will be sent additional materials to complete, will be interviewed, and will be placed on a waiting list. Clients will be moved from the waiting list to active participation in Project Lifesaver on a first-come, first serve basis, with the exception below.

- Potential clients who have wandered and had the incident documented by an official police report have priority admittance to the program over clients with no documented cases of wandering.

We will place all potential clients on the waiting list whether they have been referred from other agencies or have contacted Project Lifesaver directly.

**Client Information**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: Male  Female   
 What disorder does the client have? \_\_\_\_\_  
 Has client wandered before: Yes  No   
 If yes, Where? \_\_\_\_\_  
 How was he/she found? \_\_\_\_\_  
 By Whom? \_\_\_\_\_  
 Were law enforcement authorities notified? Yes  No   
 If yes, name of agency notified: \_\_\_\_\_

**Caregiver Information:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 E-Mail: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Relationship to client: \_\_\_\_\_

Send this completed application to: Berks County Sheriff's Office  
 Attn: Project Lifesaver  
 633 Court Street Reading PA 19601

Any Questions, please call: Captain Matthew Green or Sergeant Brian Boyer  
 610-478-6240 x3249 or 610-478-6240 x3226