



YORK COUNTY SHERIFF'S OFFICE



PROJECT LIFESAVER TRACKING DEVICE APPLICATION

Thank you for your interest in Project Lifesaver. Project Lifesaver provides a voluntary system of trackable bracelets for at-risk individuals. The Project Lifesaver bracelet device works by emitting a radio frequency that can be used by the York County Sheriff's Office to locate your loved one when they go missing.

All clients or their Authorized Representatives must sign the Project Lifesaver Client Waiver when joining the program. This program includes a tracking tool to assist in the locating of a client. There is no assurance that a client will be located via this tracking device. You will be required to release all liability from the County of York, York County Sheriff's Office, York County District Attorney's Office, participants of the search, and the Project Lifesaver vendor.

Please complete and return this application, along with the requested information to:

By mail or in person to: York County Sheriff's Office Community Services Division Attention: Lt. David Godfrey 45 North George St. York, Pa 17401	If you have any questions, please contact Lt. Godfrey by phone at (717) 771-2496 or by email at dmgodfrey@yorkcountypa.gov
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Are you interested in a device? Please check here
Please note that you will be placed on a waiting list if there are no free devices available.

Are you interested in purchasing a device? Please check here
Device cost is \$325 plus shipping. Personal Purchases must be authorized by the YCSO

Client Information: Who is the device for?

Personal	Last Name:		First Name:		Middle Name:		
	Nickname:				Date of Birth:		
	Home Address (Number, street, Apt. #):			City:		State:	Zip:
	Email Address:			Home Phone:		Cell Phone:	
	Mailing Address (if different from home address):				Preferred method of communication:		
			Email		Phone		Mail
Height:		Weight:		Skin color:		Eye color:	Hair color:

Personality Traits & Demographics

Gender: Male Female Other:	
Race: White Black/ African American Other: American Indian Asian	
Main language spoken at home: English German Chinese Other: Spanish Japanese Korean	
Is the client a Veteran: Yes No	Does the client have any Scars, Marks, Tattoos, or other Identifiers: No Yes (If yes, please list)
Does the client have any specific fears? (dogs, noises, lights, darkness, uniforms, etc.)	
What does the client do if frightened or hurt? (cries, shouts, run away, hides, etc.)	
Does the client have any social media accounts?	
Does the client frequent or wander to any specific locations?	

Medical Conditions / Impairments	Mental or physical impairment or medical condition, lasting at least 6 months, which substantially limits a major life activity. (Check all that apply)		
	Mental or Cognitive Impairment	Difficulty Communicating	Mobility Impairment
	Learning Disability	Difficulty Seeing	Type of mobility aid(s) used: Wheelchair
	Developmental Disability	Difficulty Hearing or Having Speech Understood	Walker
	Alzheimer's	Not Listed:	Crutches
	Autism		Service Animal
	Down Syndrome		Scooter
	Dementia		Cane
	Other:		Other:
	Has wandered in past 12 months (If so, how many times)		
	1-2	3-4	5+

Authorized Representative / Family Member/ Legal Guardian

Personal	First Name:		Last Name:		Middle Name:	
	Home Address (Number, street, Apt. #):			City:	State:	Zip:
	Email Address:			Home Phone:	Cell Phone:	
	Relationship to program client:				Preferred method of communication:	
				Email	Phone	Mail

Primary Caregiver
(If different from Authorized Representative)

Personal	First Name:		Last Name:		Middle Name:	
	Home Address (Number, street, Apt. #):			City:	State:	Zip:
	Email Address:			Home Phone:	Cell Phone:	
	Relationship to program client:				Preferred method of communication:	
				Email	Phone	Mail

Terms and Conditions

I and/or my Authorized Representative, agree to the following terms and conditions:

I acknowledge that the Authorized Representative, conservator, caretaker, or designee has been trained on how to use the Project Lifesaver tracking device.

I agree to conduct daily testing of the device (especially battery) and record this information on the provided log. I understand that the device's battery must be changed on a regular basis, and that this is done by the York County Sheriff's Office. I will not attempt to do this on my own.

I understand that all the information I have provided in this application may be shared among local law enforcement, fire & rescue, EMS, York County Department of Emergency Services, and other necessary / participating agencies in the County of York, or other county where the client wanders.

If you are a client:

- **Failure to test the device daily, attempt to manipulate or modify the device, or otherwise tamper with the device, will result in disqualification from the program.**
- **I understand the client will be periodically photographed as part of this program.**
- **The device is non-transferrable and must be used ONLY by the individual it is registered to. If the device is used for purposes outside of the intended purposes or the device is lost, I may be charged a replacement fee of \$325.**
- **The tracking device is property of the County of York. You must notify the YCSO Community Services Division at the phone number or email address above if the client relocates residence within the County or other changes to provided information listed above. The device must be returned to YCSO in the event of death of the client, the client moves outside of York County, the client no longer meets the eligibility requirements or no longer wants to participate in the program.**
- **I, the Authorized Representative agrees to comply with the informational and reporting guidelines of the Project Lifesaver Program.**

I agree to immediately call 911 if my loved one goes missing. I will inform the 911 operator that my loved one is a client of Project Lifesaver and provide the three (3) digit tracking device code.

Caregivers Signature (If different from Representative):

Date:

Authorized Representative / Family Member / Legal Guardian Signature:

Date:

Acknowledgement and Certification

I have reviewed this application and certify that it is accurate and true to the best of my knowledge. I understand that the information I provide will be confidential and will only be used as part of the Project Lifesaver Program. I acknowledge that my participation in the Program is voluntary.

I understand that the use of this device does not ensure the safety of the client.

This is a tracking tool to assist in the locating of a client. Moreover, there is no assurance that a client will be located via this tracking device. I hereby release the County of York, all its Departments, Agencies, Elected and Appointed Officers, Employees and Agents, and the Project Lifesaver Vendor from all liability from any and all claims related to participation in the Project Lifesaver Program.

Caregivers Signature (If different from Representative):

Date:

Authorized Representative / Family Member / Legal Guardian Signature:

Date:

COUNTY USE ONLY

ISSUE DATE:	
PROJECT LIFESAVER DEVICE NUMBER:	
ISSUED BY:	
COMMENTS:	