



## KING GEORGE SHERIFF'S OFFICE PROJECT LIFESAVER

### CLIENT BIOGRAPHY

Client number: \_\_\_\_\_

Transmitter Frequency: \_\_\_\_\_

This form is designated for Custodial Caregivers to provide, **in advance**, pertinent information that will be useful to Search Teams, should the need arise. Providing the information in advance will assist Search Management Personnel as they will have the necessary information to more effectively search for the client.

Caregiver's Name: \_\_\_\_\_

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

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Date transmitter was placed: \_\_\_\_\_ By: \_\_\_\_\_

### CLIENT'S PERSONAL INFORMATION

Client's Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Sex: M / F Race: \_\_\_\_\_

Nickname: \_\_\_\_\_ SSN: \_\_\_\_\_

Most recent address: \_\_\_\_\_

Past residence of significance: \_\_\_\_\_

Most recent place of employment: \_\_\_\_\_

Other employment of significance: \_\_\_\_\_

Location of School: \_\_\_\_\_

Name of Spouse: \_\_\_\_\_ Living/ Deceased

As Caretaker, do you give the King George Sheriff's Office permission to use the Client's photograph in presentations or brochures used to promote the Project Lifesaver Program?

Yes \_\_\_\_\_ No \_\_\_\_\_ Caregiver's signature \_\_\_\_\_

I understand that I will not be denied access based on my inability to pay the King George Sheriff's Office to participate in the Project Lifesaver Program. Any moneys given to the Program will be a voluntary donation to the Program, and on a cost recovery basis.

Caregiver's signature: \_\_\_\_\_

### PHYSICAL DATA

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Build: \_\_\_\_\_ Hair (color, Length): \_\_\_\_\_  
Eye Color: \_\_\_\_\_ Complexion: \_\_\_\_\_ Facial Hair: \_\_\_\_\_  
Sideburns: \_\_\_\_\_ Scar/ Tattoos: \_\_\_\_\_  
Glasses: Y / N (type) \_\_\_\_\_  
Hearing Aid: Y / N Condition of Hearing: \_\_\_\_\_  
Can Client Speak: Y / N Other Languages: \_\_\_\_\_

Any Handicaps: \_\_\_\_\_  
Medical Problems: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Medications: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Attending Physician: \_\_\_\_\_ Telephone: \_\_\_\_\_

### FAMILY/ FRIEND INFORMATION

Other Individuals that the Client may try and contact (friends, family, etc.)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_

1. Does the Client remain oriented to Time, Place and Person? Y / N  
Explain: \_\_\_\_\_
2. Does the Client recognize familiar persons and faces? Y / N  
Explain: \_\_\_\_\_
3. Does the Client drive a vehicle? Y / N  
If yes, describe vehicle: \_\_\_\_\_
4. Does the Client travel to familiar locations? Y / N  
Explain: \_\_\_\_\_
5. Does the Client have a decreased knowledge of current events? Y / N
6. Does the Client seem to re-live events in His/ Her life? Y / N  
If yes, explain: \_\_\_\_\_

7. Does the Client sometimes dress inappropriately? Y / N  
 8. Does the Client remember His/ Her name? Y / N  
 9. Does the Client remember the names of spouse or children? Y / N  
 Which ones? \_\_\_\_\_  
 10. Does the Client have a regular sleep pattern? Y / N  
 11. Does the Client suffer from frequent personality/ emotional changes? Y / N  
 Explain: \_\_\_\_\_  
 12. How well are they able to communicate? \_\_\_\_\_  
 13. Does the Client have any Hobbies? (Hunting, fishing, golf, etc.) Y / N  
 Explain: \_\_\_\_\_

#### **PERSONAL ITEMS USUALLY CARRIED BY THE CLIENT**

Tobacco: Y / N Type: \_\_\_\_\_ Brand: \_\_\_\_\_  
 Alcohol: Y / N Type: \_\_\_\_\_  
 Illicit Drugs: Y / N Explain: \_\_\_\_\_  
 Candy/ Gum: Y / N Brand: \_\_\_\_\_  
 Matches: Y / N Lighter: Y / N Type: \_\_\_\_\_  
 Food Items: \_\_\_\_\_  
 Other Items: \_\_\_\_\_

Approximate Amount of Cash on Hand: \_\_\_\_\_  
 Where is it carried? \_\_\_\_\_  
 Handbag/ Purse/ Wallet: (Describe) \_\_\_\_\_  
 Jewelry: (Describe) \_\_\_\_\_  
 Cane/ Walker: \_\_\_\_\_

Is Client familiar with the area? Y / N  
 Has Client taken any recent trips? (even locally): \_\_\_\_\_

Military Experience? Y / N \_\_\_\_\_  
 Ever Wandered Before? Y / N \_\_\_\_\_  
 If yes, explain: \_\_\_\_\_  
 Where Found: \_\_\_\_\_

#### **PERSONALITY/ HABITS**

Is the Client ever allowed to go out alone? Y / N  
 Is the Client: Outgoing Quiet  
 Do they like: Groups Being Alone  
 Have they been in trouble with the law? Y / N  
 Religious? Y / N What faith: \_\_\_\_\_  
 What does the Client value the most? \_\_\_\_\_  
 Where was the Client born and raised: \_\_\_\_\_  
 Is the Client afraid of: Dogs Cats Dark Noises Horses People Police Vehicles

Other: \_\_\_\_\_  
What action does the Client take when hurt? \_\_\_\_\_  
Will the Client talk to Strangers? \_\_\_\_\_

**Is the Client Dangerous to Him/ Herself or Others?**      **Y / N**

Attach recent photo here