



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 Tim Moore Sergeant Brian Boyer
610-478-6240 x3214 or 610-478-6240 x3226