

Client Number: _____

Frequency: _____



Catawba County Sheriff's Office

Project Lifesaver

PO Box 385

Newton, NC 28658

828-465-8337 / 828-464-5241 / Fax: 828-465-8471

Search Management Section Personal Data Questionnaire

This form is designed for Custodial Care Givers to provide, in advance, a certain information that will be useful to Search Teams, should the need arise. Providing the information in advance of the need will allow Search Management Personnel the necessary information more effective search response.

Resident: _____

Address: _____

City / State: _____ Zip: _____

Phone: _____

Date Transmitter Placed: _____

Facility / Organization: _____ Phone: _____

Address: _____

Name of Person filling out this form: _____

Email Address: _____

Resident's Personal Data

Birthday: _____ Sex: Male / Female Race: _____

Nickname [s]: _____

Most recent address: _____

Most recent place of work: _____

Most recent occupation: _____

Name of Spouse: _____ Living or Deceased

Family / Friend Information

Other persons the resident may contact {Family, friends, ect.}

Name: _____ Phone: _____

Address: _____

Name: _____ Phone: _____

Address: _____

Physical Description

Height _____ ft., _____ in. Weight _____ lbs. Build _____

Hair Color _____ Hair Style _____ Eye Color _____

Complexion _____ Beard Yes/No _____ Sideburns Yes/No _____
(circle one) (circle one)

Mustache Yes/No _____ Balding Yes/No _____ False Teeth Yes/No _____
(circle one) (circle one)

Shape of facial Features: Round / Square / Oval / Other _____

Distinguishing Marks, Scars, Tattoos, etc. Describe) _____

General Appearance _____

If Resident does not understand English, what Language is understood? _____

Spoken word only Yes/No _____ or Written / Spoken _____
(circle one) (circle one)

Does Resident Wear Glasses? Yes/No _____ Contacts? Yes/No _____ Sunglasses Yes/No _____
(circle one) (circle one) (circle one)

If yes to any of the above What Style _____

If Resident wears glasses or corrective eyewear what degree of vision does he/she have without the eyewear? None/Poor/Fair (circle one please)

Personal Data Questionnaire

Does Resident wear a Hearing Aid? _____ What style? _____

If yes, What type of Hearing without Aid? None/Poor/Fair (circle one)

Health/Psychological Conditou

Any Known Physical Handicaps? _____
(Describe please)

Any Known Medical Problems? _____
(Describe please)

Medications Taken Regularly? _____

List any medication using correct Name of drug and dosage being taken _____

Consequences of NOT taking medications? _____

Attending Physician _____ Telephone No. () _____

Any Psychological Problems? Yes /No Nature _____

If Alzheimer's Disease has been diagnosed, Answer the following:

1. Does the Resident remain oriented to Time and Person? Yes / No
Explain _____
2. Does the Resident recognize familiar persons and faces? Yes / No
Explain _____
3. Can the Resident travel to familiar locations? Yes / No
Explain _____
4. Does the Resident have deceased knowledge of current events or tend to re-live events in his/her life? Yes / No
Explain _____
5. Does the Resident sometimes clothe himself/herself improperly? Yes / No
Example: Putting shoes on the wrong feet, adding underwear over clothing?
Explain if necessary _____
6. Does the Resident remember his/her own name and the names of spouse and or children? Yes/No
Explain _____
7. Are the Resident's sleep patterns frequently? Yes/No
Explain _____
8. Does the Resident suffer from frequent personality and emotional changes? Yes/No
Explain _____
9. Does the Resident suffer from delusions (*See Imaginary Visitors, Talk to his/her own reflection in the mirror, Imagine that their spouse is an imposter, etc?*) Yes/NO
Explain _____
7. How good is the Resident 's communication ability? None/Poor/Fair/Good/Excellent
(circle one please)

Personal Articles Normally Carried by the Resident:

Tobacco Products: Yes / No Type _____ Brand _____

Candy/Gum: Yes / No Brand _____

Matches: Yes / No Lighter: Yes / No Type _____

Food Items: _____

Facial tissue or other pocket/purse items: _____

(Describe)

Approximate Amount of Cash on Hand? \$ _____

Where Normally Carried _____

Handbag, Purse or Wallet:

(circle one)

Description _____ Type _____ Color _____

Jewelry (Please describe) _____

Watch? Wrist Type _____ Color Any Description Any

(wrist/pocket, etc.)

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Equipment

Cane/Walker or _____ Hunting/Fishing, Etc. _____ (circle one or describe)

Other _____

Experience

Familiar with area? Yes / No How recently _____ Days/Months/Years
(circle one)

If not local, what other areas are known to Resident? _____

Taken Outdoor Classes? Yes / No Where? _____ When? _____

Taken First-Aid Training? Yes / No Where? _____ When? _____

Involved in Scouting? Yes / No Explain _____

Military Experience? Yes / No Where? _____ When? _____

Recreational Outdoor Experience? Yes / No _____

Overnight Camping Experience? Yes / No _____

Ever been lost before? Yes / No Where? _____ When? _____

Located by Searchers or walk out by his/herself? _____

Location Found _____

Actions Taken _____

Ever go out alone? Yes / No Stay on trails? Yes / No
(circle one) (circle one)

General Athletic Interest/Abilities _____

Personality/Habits

Smoke? Yes / No How often? _____ What? _____ Brand? _____

Drink Alcohol? Yes / No What type? _____ Brand? _____

Use Illicit Drugs? Yes / No How often? _____ Type? _____

Hobbies/Interests _____

Outgoing or Quiet, Likes Groups or being Alone?

(circle one) (circle one)

Evidence of Leadership Yes / No Explain _____

(circle one)

Ever been in trouble with the law? Yes / No What _____
(circle one)

Religious? Yes / No What faith _____
(circle one)

What does Resident value most? _____

Which Family Member is Resident closest to? _____ Relationship _____
(Spouse, sister, etc.)

Where was Resident born and raised? _____
(city, state, and county)

Has Resident received any letter recently? Yes / No From Whom _____

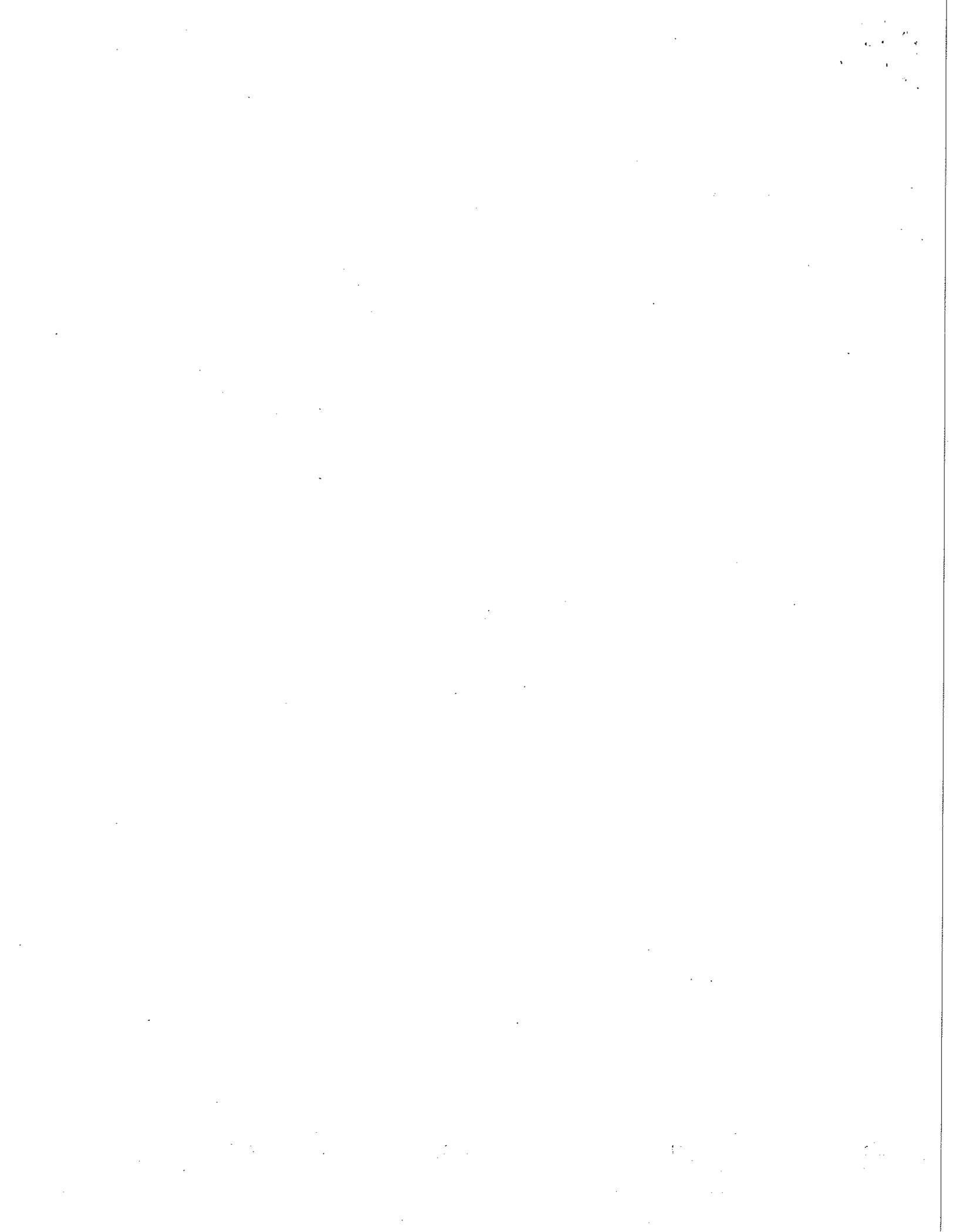
Is Resident afraid of: Dogs? Yes / No The Dark? Yes / No Noises? Yes / No (circle one beside each)

Horses? Yes / No People? Yes / No Other (Explain) _____

What actions taken when hurt? (Cry, shout, etc.?) _____

Will Resident talk to strangers? Yes / No
(circle one)

Is the Resident DANGEROUS to him/herself or others? Yes / No
(circle one)



STATE OF NORTH CAROLINA
COUNTY OF CATAWBA

AGREEMENT

THIS AGREEMENT made and entered into this the ____ day of _____,
_____, by and between CATAWBA COUNTY SHERIFF'S OFFICE (hereinafter
"Sheriff") and _____ (hereinafter
"Responsible Party) whose address is _____

WITNESSETH:

WHEREAS, Sheriff serves the community through the efforts of members who perform benevolent, humanitarian, and charitable services, principally search and rescue and disaster relief; and

WHEREAS, Sheriff is undertaking a program (hereinafter PROJECT LIFESAVER) for search and rescue using electronic signaling devices as an aid in searching for lost persons who suffer in one form or other from diminished mental capacity or other disability; and

WHEREAS, Sheriff is under no legal or other duty to provide such a search system to persons suffering from such diminished capacity or disability; and

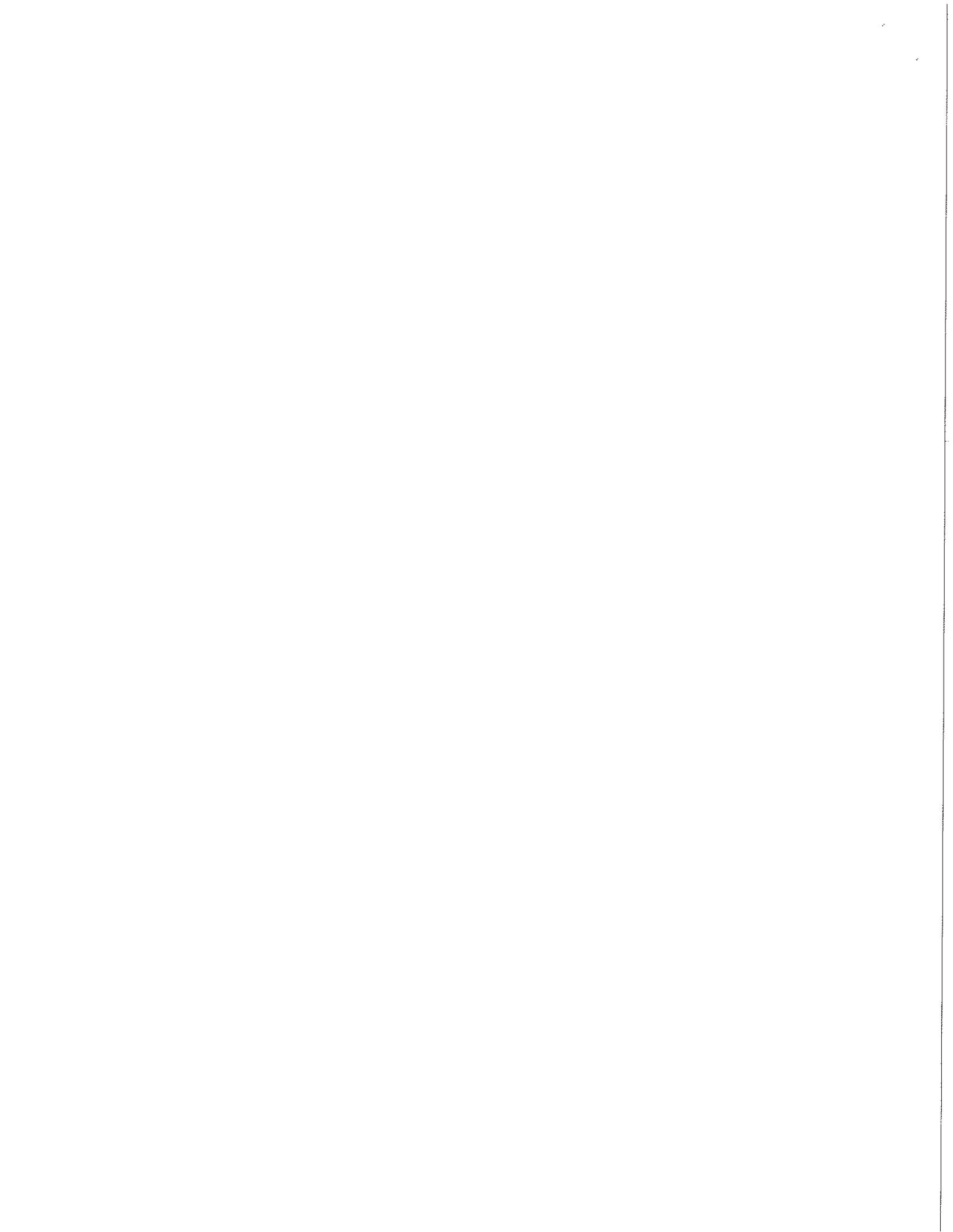
WHEREAS, Sheriff does not act as an agent, representative or surrogate for any other person, body, or legal entity in undertaking the experimental test program, and neither obligates nor is able to obligate any other person, body, or legal entity by undertaking such pilot program; and

WHEREAS, the Responsible Party named herein is empowered, able, and authorized to act in the name of and on behalf of the person named in Section 1 below; and

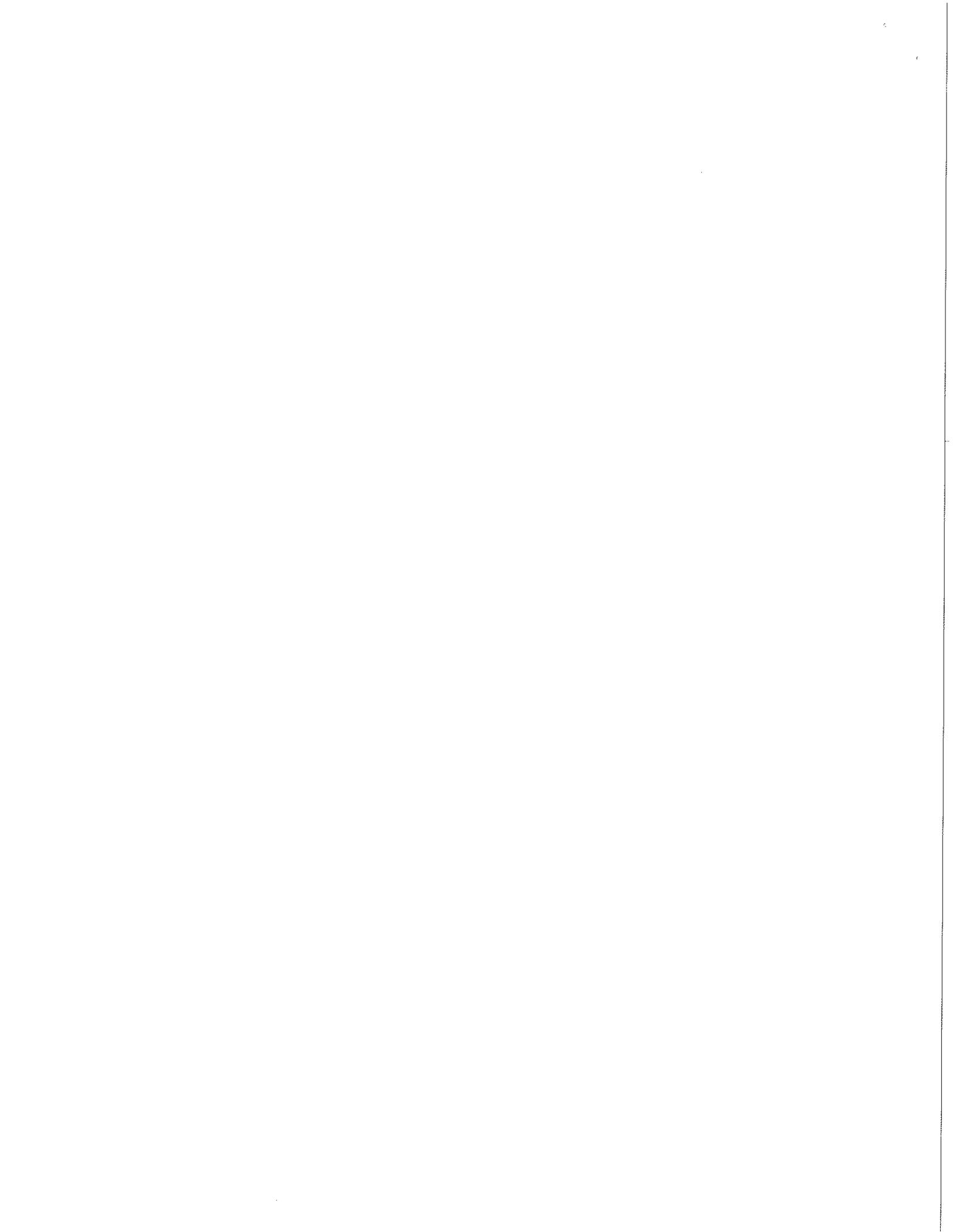
WHEREAS, the Responsible Party desires to participate for the benefit of the person named in Section 1 below in the Project Lifesaver Program being undertaken by the Catawba County Sheriff's Office.

NOW, THEREFORE, in consideration of the mutual promises made herein, the parties agree as follows:

1. Sheriff agrees to furnish to the Responsible Party named above for the use and benefit of _____, a PROJECT LIFESAVER system consisting of a Wrist Band together with monitoring, response and tracing services appropriate and necessary for the use of such equipment.
2. Sheriff will be paid a monthly maintenance fee of Twenty Dollars (Dollars (\$20.00) per month, said sum to be paid each month when officer comes out to change battery unless other arrangements are agreed to by both parties. Other arrangement: _____



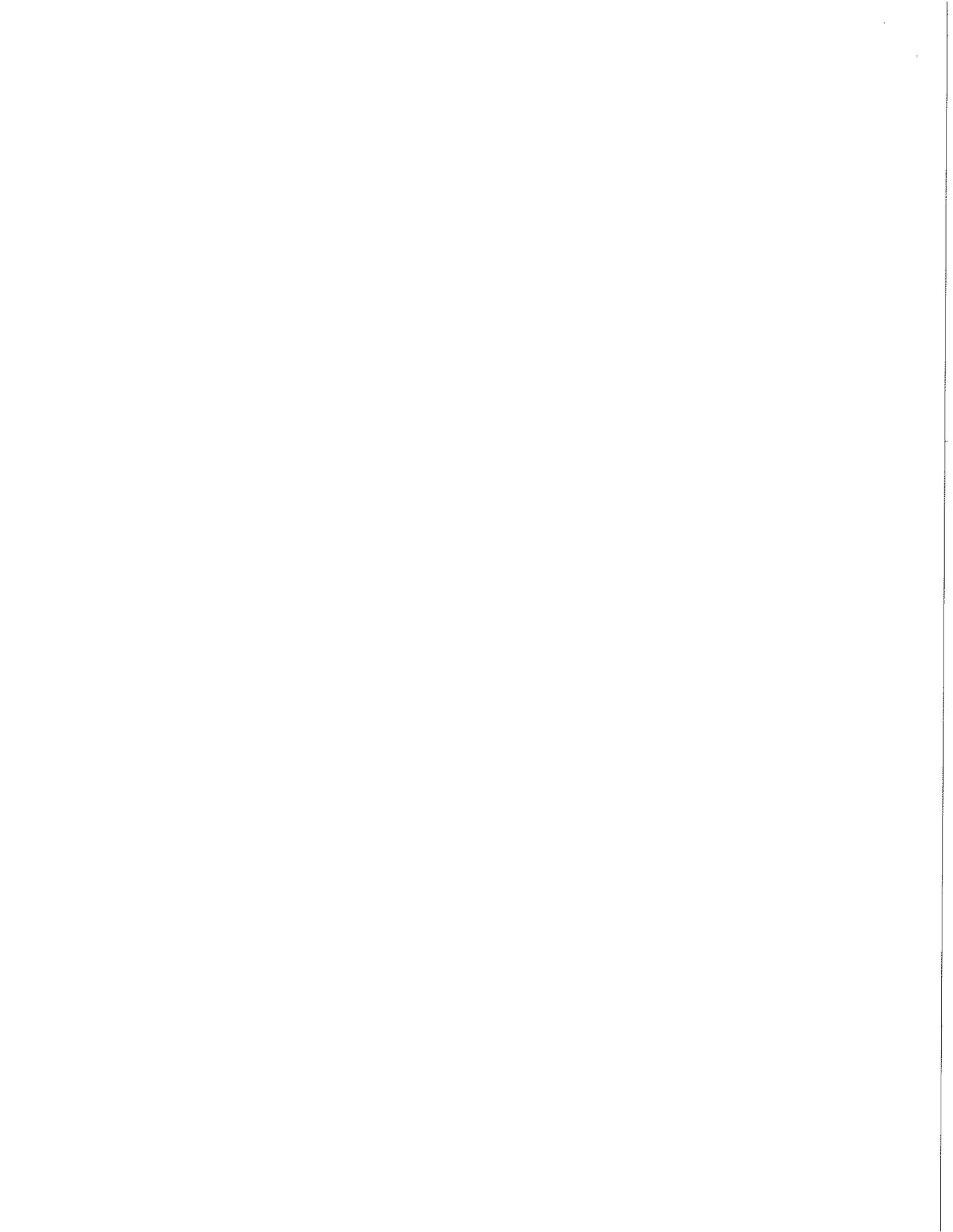
3. It is the duty of the Responsible Party to immediately notify Sheriff in the event the designated wearer of the PROJECT LIFESAVER tracking bracelet is discovered missing from the Responsible Party's care.
4. In the event that the PROJECT LIFESAVER bracelet is no longer needed by the designated wearer of said bracelet, Sheriff is to be notified immediately so that said bracelet can be removed.
5. If the PROJECT LIFESAVER bracelet is lost or otherwise rendered unusable, the Responsible Party shall reimburse Sheriff the cost of said bracelet.
6. It is expressly understood and agreed that Sheriff is responsible for the routine maintenance of the equipment provided hereunder; however, Sheriff is not responsible in any respect for any technical failure due to manufacturing or material defects of the equipment herein provided. It is expressly understood and agreed that Sheriff makes no warranties of any kind with regard to the equipment described herein, the operation or effectiveness of the equipment described herein, the fitness or suitability of the equipment described herein for a particular purpose, or the merchantability of the equipment described herein.
7. In the event of a failure of the equipment described herein, Sheriff will attempt to replace or repair such equipment at its option, upon being notified of the need for such service.
8. It is specifically agreed and understood that Sheriff shall retain all title and interest in said equipment, and in no way does the Responsible Party acquire any title in said equipment.
9. This Agreement may be terminated at the option of either party upon thirty (30) days written notice to the other party.
10. The Responsible Party specifically acknowledges and agrees that the PROJECT LIFESAVER bracelet tracking system is NOT intended to replace the care, monitoring, attention, and oversight to be provided by the Responsible Party to the person named in Section 1 above. The Responsible Party, on behalf of the bracelet wearer, accepts the use of the PROJECT LIFESAVER equipment and services described above with the understanding that the PROJECT LIFESAVER equipment and services are intended to be merely an additional and supplemental tool providing an extra means of locating the wearer of the PROJECT LIFESAVER bracelet in the event that the wearer is discovered missing.
11. Responsible Party hereby releases Sheriff from any and all liability arising from any failure of the PROJECT LIFESAVER equipment or any failure of Sheriff of whatever sort, kind, or nature, regarding the performance and fulfillment of the monitoring, response, and tracking services described in Section 1 above, or any other ends for which this Agreement is made.



12. Sheriff shall not be held responsible for any failure, delay, default, interruption, stoppage, or interference or any other failure of any kind, manner, or nature regarding the performance of the equipment or services under this Agreement.
13. Responsible Party hereby releases and hold harmless Sheriff for all action and inaction on its part, and indemnifies Sheriff against all claims, actions, lawsuits, or causes of action brought against Sheriff, whether by Responsible Party, or on Responsible Party's behalf, or by others, even if such claim is false or fraudulent, and regardless of who the parties may be.
14. Responsible Party hereby releases and holds harmless (1) Sheriff, (2) Catawba County, (3) Frye Regional Medical Center and/or Catawba Valley Medical Center, the (4) Alzheimer's Association, and (5) any and all members of Sheriff, as well as any and all other persons or entities associated with Sheriff in conducting this program involving the use of the PROJECT LIFESAVER equipment and the provision of said services described herein. Such parties named in this paragraph shall be released and held harmless to the full extent and in every manner identified in Paragraph 13 above.
15. In any lawsuit under this Agreement, the maximum liability under any circumstances of Sheriff and any other persons or entities named in paragraph 14 above, shall be limited to the amounts of the monthly maintenance fee already paid by the Responsible Party.
16. Responsible Party understands and agrees that Sheriff makes no warranties, guarantees, assurances, or promises of any kind as to the effectiveness or success of the tracking services provided herein, or of any search or searches undertaken utilizing the PROJECT LIFESAVER system or other electronic equipment used during the term of this Agreement.
17. Responsible Party specifically agrees and promises NOT to rely upon the equipment or services herein for the safety, security, welfare, finding or retrieval of the wearer of the PROJECT LIFESAVER bracelet.
18. Responsible Party agrees and understands that the equipment and services provided under this Agreement may be ineffective and unavailing for the purposes provided. Therefore, the Responsible Party specifically disclaims any reliance, expectation of success, or dependence upon the equipment or services for the health, safety, welfare, finding, rescue, or retrieval of the person named in Section 1 above.
19. Any notice or mailings to be given hereunder shall be given in writing and delivered personally or by mail, postage prepaid as follows:

To Sheriff:

Coy Reid, Sheriff
Catawba County Sheriff's Office
100-B South West Boulevard
PO Box 385
Newton, NC 28658
Telephone numbers: 828-465-8337 or 828-464-5241



To Responsible Party: _____

Telephone number: _____

20. By signing below, I, the Responsible Party, affirm that I have read and understand this Agreement, including the waiver and release of liability in Paragraph 10, the limitation of liability in Paragraph 15, and the non-reliance provisions of Paragraph 17, and that it is my desire and intention to enter into this Agreement. By affixing my signature below I hereby agree to the terms and provisions of this Agreement.

RESPONSIBLE PARTY

By: _____

CATAWBA COUNTY SHERIFF'S OFFICE

By: _____

ACCEPTED DATE: _____

APPROVED AS TO FORM:

Date: Aug. 2, 2011



Debra Bechtel, Attorney

