



# Loudoun County Sheriff's Office Project Lifesaver

PO Box 7200  
Leesburg, Virginia  
20177-7200

**Project Lifesaver Line:**  
**703-777-1021**

## Project Lifesaver Client/Caregiver Application

This application is designed for Custodial Care Givers to apply for participation in the Loudoun County Sheriff's Office Project Lifesaver program. By completing and submitting this form you will be considered for participation in Project Lifesaver. You will be sent additional materials to complete, and assigned a place on the waiting list. The following information applies to our policies concerning the waiting list.

1. Clients will be taken off the waiting list and put into Project Lifesaver Program as space becomes available or at the discretion of the Program Coordinators.
2. If a potential client is referred to us that has a documented (police report) case of wandering, they will be given priority over potential clients with no documented cases of wandering.

### Client Information

Client Name: \_\_\_\_\_

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

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

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_

Name of Spouse: \_\_\_\_\_

What disorder(s) does the Client have? \_\_\_\_\_

Ever been lost before? \_\_\_\_\_ Where/When: \_\_\_\_\_

How was he/she found and by whom? \_\_\_\_\_

Were Law Enforcement Authorities notified? \_\_\_\_\_ Agency: \_\_\_\_\_

### Caregiver Information

Name: \_\_\_\_\_ Email: \_\_\_\_\_

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

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell/Pager: \_\_\_\_\_

Relationship to Client: \_\_\_\_\_

**Return to: Project Lifesaver, Loudoun County Sheriff's Office, PO Box 7200, Leesburg, VA 20177-7200**