

Physical Description

Height _____ft. _____in. Weight _____lbs. Build _____

Hair color _____ Hair Style _____ Eye Color _____

Complexion _____ Beard Yes/No Sideburns Yes/No

Mustache Yes/No Balding Yes/No False Teeth Yes/No

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

Does Resident wear glasses? Yes/No Contacts? Yes/No Sunglasses Yes/No.

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)

Does Resident wear a hearing aid? _____ what style? _____

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

What is the Resident's Dominant hand? R_____ L_____

Health/Psychological Condition

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 _____ Phone 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 _____
10. 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: _____

Approximate Amount of Cash on Hand? \$ _____

Where Normally Carried _____

Handbag, Purse or Wallet:

Description _____ Type _____ Color _____

Jewelry (Please describe) _____

Watch? _____ Type _____ Color _____ Description _____

Equipment

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

Experience

Familiar with area? Yes/No How recently _____ Days/Months/Years
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 _____ Time of Day _____

Located by searchers or walk out by himself/herself? _____

Location

found _____

Actions taken

Ever go out alone? Yes/No stay on trails? Yes/NO

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?

Evidence of Leadership Yes/No Explain _____

Ever been in trouble with the law? Yes/NO What _____

Religious? Yes/No what faith _____

What does Resident value most? _____

Which family member is resident closest to? _____ Relationship _____

Where was Resident born and raised? _____

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 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)

6. I understand that all information I have provided in this application may be shared among Law Enforcement, Fire and Rescue, and other necessary agencies. Therefore, I understand that none of the information I have provided or provide in the future can be considered confidential or protected or private when used for the purposes of the electronic tracking program, [notwithstanding the provisions of the Personal Information Protection and Electronic Documents Act].
7. I specifically waive any rights to confidentiality to the Applicant's medical records, and confirm that I have the authority by which to waive such rights.
8. I understand that Operation: Take Me Home is a program administered by: Western Pennsylvania Search and Rescue Development Center. I agree to release and hold each agency and all of their respective personnel, officers and volunteers harmless from any and all claims of liability and/or damage, and waive any and all rights to seek recourse for any losses or injury that may occur as a result of participation in the electronic tracking program.
9. I understand that the transmitter and tester remain the property of WPSARDC and when no longer being used by the Applicant to whom it was assigned will be returned undamaged to servicing agency to be assigned to another participant in the Program. I shall remain liable for any loss or damage to all such equipment and for the replacement cost of all such equipment until returned to servicing agency.
10. I understand that if I fail to use the tester device at least once per day and record the results on the supplied test result monthly inspection sheet, or if I fail to notify the servicing agency immediately when I discover the Applicant missing, or if I fail to notify the servicing agency or if I test the transmitter device and find no signal indication, or if the Applicant refuses to wear or removes the device 3 (three) times, then the Applicant may be involuntarily removed from the program. All property will then be returned to WPSARDC and I will return to the original security measures, which were in place prior to enrollment in Operation: Take Me Home, and without recourse to WPSARDC.

CAREGIVERS NAME (PRINTED)

CAREGIVERS SIGNATURE

DATE

(WITNESS)

APPLICANTS NAME

FOR WPSARDC

WESTERN PENNSYLVANIA SEARCH AND RESCUE DEVELOPMENT CENTER
(AFFILIATE NAME)

Does your child engage in any unusual behaviors than might seem disrespectful or threatening (yelling, giggling, standing too close to people)? If so, please describe _____

In a high anxiety situation, how would your child most likely communicate?

Is your child prone to sensory overload?

Circle what may result from sensory overload: seizure, panic, flight, fight, withdrawal, other (please describe) _____

What might trigger what is circled above (i.e. dog bark, siren, touch)?

Does your child have any specific fascinations (tree climbing, water)? If so, please describe

Is your child threatened by any physical traits (i.e.: whiskers, hats, uniforms)? If so, please describe

Does your child have an accurate sense of danger?

Does your child have any other medical conditions? If so, please describe

Who is your local Police Department _____

Please describe anything else that would be helpful to emergency personnel (Police, Fire, EMT) who may have to respond to your household and interact with your child:

