

Brevard County TRIAD

Project Lifesaver Policy Guidelines

Primary Purpose of the Brevard County TRIAD Project Lifesaver Program

To serve those individuals with brain disorders who live in the home with a caregiver responsible for their needs.

Except in emergency situations (deemed by the Crime Prevention Unit and/or a member of Brevard County TRIAD's Board of Directors), the following must transpire before a Project Lifesaver bracelet is placed on any individual.

- 1) Application completed in full (www.BrevardTRIAD.org)
- 2) Physician's orders stating that the individual has some form of brain disorder. In addition, physician must state that the person is unable to relay where he or she belongs, specifically their address/location of residence.
- 3) Adult Family Care Homes/Assisted Living Facilities will be evaluated on a case-by-case basis.
- 4) A home visit with Crime Prevention Unit and/or Board member of Brevard County TRIAD to determine if a Project Lifesaver bracelet can assist in providing a solution to the problem.
- 5) Constant caregiver must be in place who is responsible for the individual's needs.



Brevard County Project Lifesaver



Application

There is a one-time fee of \$290 for the Project Lifesaver bracelet. There is an additional \$100 fee for a year's supply of batteries. *Note: the battery must be changed monthly in order to ensure the transmitter is working to its full capacity.* Please refer to the Income Explanation section of this application to determine the amount you are able to pay. Brevard County TRIAD will contact you with your financial eligibility outcome.

Name of Registrant: _____ Nickname(s): _____

Address: _____

City/State: _____ Postal Code: _____ Phone: _____

Registrant's Caregiver Data

Name of Caregiver: _____

Relationship to registrant: _____

Facility: _____ Phone: _____

Registrant's Personal Data

Birth Date: _____ Sex: Male Female Race: _____

Most Recent Previous Address:

Most Recent Place of Work:

Most Recent Occupation:

Name of Spouse: _____ Living Deceased

Family/Friend Information

(Other persons the registrant may contact)

Name: _____ Address: _____

Phone: _____

Name: _____ Address: _____

Phone: _____
Name: _____ Address: _____
Phone: _____

Physical Description of Registrant

Height: _____ Weight: _____ lbs Build: _____
Hair Color: Blonde Brown Black Gray White Bald
Eye Color: Blue Brown Hazel Green Gray
Complexion: Fair Tan Olive
Facial Hair: Yes No What type: _____
Distinguishing Marks, Scars or Tattoos: _____
Glasses: Yes No What type: _____
Hearing Aid Yes No

Health/Psychological Condition

Any known Physical Handicaps? _____

Any known Medical Problems? _____

List Medications and dosage: _____

Has the registrant received a diagnosis of Alzheimer's disease or a related disorder? If yes, who is their attending Physician: _____

Contact Number: _____

Psychological Problems: Yes No Nature: _____

Income Explanation

Total Monthly Income: \$ _____

(Examples of monthly income are Social Security benefits; Pension such as, private government, retirement income, veterans benefits, annuities, IRAs, etc.)

Please answer the following questions about your ability to pay for your Project Lifesaver bracelet.

Bracelet (Transmitter)

- I am able to pay the one-time \$290 I am NOT able to pay the one-time \$290
- I am able to pay a portion of the \$290

Batteries

- I am able to pay the yearly \$100 fee
- I am able to pay a portion of the yearly \$100 fee

Please return application and completed physician's orders together to:

**Traci Francis
3585 Gloria Ave.
Mims, FL 32754**

DO NOT WRITE BELOW THIS LINE. FOR OFFICIAL USE ONLY

Name of Registrant: _____ Nickname(s): _____

Frequency Number of Transmitter: 216. _____ Battery Tester #: _____

Date Transmitter Placed: _____ By Whom: _____

- Contract Signed
- Photograph Taken
- Bracelet secured on registrant
- Indigent (no payment required)
- Non-indigent (pay full amount)
- Non-indigent (sliding-scale fee)



Client's Right Thumb Print
Here