



LA FOUND INITIATIVE
PROJECT LIFESAVER TRACKING DEVICE APPLICATION



Thank you for your interest in Project Lifesaver. Project Lifesaver provides a voluntary system of trackable bracelets for at-risk individuals. The Project Lifesaver bracelet device works by emitting a radio frequency that can be used by the Los Angeles County Sheriff’s Department to locate your loved one when they go missing.

LA Found is a tracking resource to assist in the locating of a participant. There is no assurance that a participant will be located via this tracking device. You will be required to release all liability from the County of Los Angeles and the Project Lifesaver vendor. All Agents must sign the LA Found Project Lifesaver Program Contract and Release forms.

Complete and return this application, along with the requested information to:

By mail to: Attention: L.A. Found Program Los Angeles County Aging & Disabilities Department 510 S. Vermont Avenue, 11th Floor Los Angeles, CA 90020	By email to: LAFound@ad.lacounty.gov with subject line “LA Found Project Lifesaver Program”
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If you have any questions, call 1-833-569-7651
Monday – Friday 8:00 am to 5:00 pm.

Program Eligibility Requirements

- 1) Is the participant an LA County resident? Yes No

- 2) Does the participant have cognitive impairment or developmental disability? Yes No
- 3) If yes, please list all mental or cognitive impairments, medical conditions, and/or developmental disabilities lasting at least 6 months, which substantially limit a major life activity. (Please choose all that apply)

<input type="checkbox"/> Alzheimer’s Disease <input type="checkbox"/> Autism <input type="checkbox"/> Dementia <input type="checkbox"/> Frontotemporal Dementia <input type="checkbox"/> Lewy Body Dementia	<input type="checkbox"/> Other diagnosis: _____ <input type="checkbox"/> Other forms of Dementia: _____ <input type="checkbox"/> Other developmental disorders: _____
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- 4) Is the participant mobile? Yes No
 If yes, please list all types of mobility aid(s) used:

<input type="checkbox"/> Wheelchair <input type="checkbox"/> Walker <input type="checkbox"/> Oxygen Tank	<input type="checkbox"/> Scooter <input type="checkbox"/> Cane <input type="checkbox"/> Crutches	<input type="checkbox"/> Service Animal <input type="checkbox"/> Other: _____ <input type="checkbox"/> None
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 Participant is familiar with and uses public transportation.
 Participant requires/needs 24-hour care supervision.
 Participant lives alone.
 Participant lives with family/caregiver.

- 5) Does the participant have difficulty communicating verbally? Yes No

<input type="checkbox"/> Non-Verbal	<input type="checkbox"/> Partially-Verbal-Non-Verbal
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- 6) Does the participant have difficulty with Vision/Vision impairment? Yes No

Participant Information: Who is the device for?

Personal	First Name:		Last Name:		Middle Name:	
	Nickname:				Date of Birth:	
	Home Address (Number, street, Apt. #):			City:	State:	Zip:
	Mailing Address (if different from home address):					
	Participants preferred language					
	<input type="checkbox"/> Armenian <input type="checkbox"/> Chinese (Cantonese) <input type="checkbox"/> Chinese (Mandarin) <input type="checkbox"/> Cambodian <input type="checkbox"/> English <input type="checkbox"/> Farsi <input type="checkbox"/> Hindi <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Russian <input type="checkbox"/> Spanish <input type="checkbox"/> Tagalog <input type="checkbox"/> Thai <input type="checkbox"/> Vietnamese <input type="checkbox"/> Not Listed: _____					
Height:	Weight:	Skin color:	Eye color:	Hair color:		

Participants Demographics	Sex at birth:		Gender Identity:	
	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to say		<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> Genderqueer <input type="checkbox"/> Questioning or Unsure <input type="checkbox"/> Prefer not to say <input type="checkbox"/> Prefer to self-describe: _____	
	Sexual Orientation:			
	<input type="checkbox"/> Gay or Lesbian <input type="checkbox"/> Bisexual <input type="checkbox"/> Questioning or unsure <input type="checkbox"/> Heterosexual or Straight <input type="checkbox"/> Queer <input type="checkbox"/> Prefer not to say <input type="checkbox"/> Another sexual orientation: _____			
Race:				
<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Prefer not to say <input type="checkbox"/> More than one race <input type="checkbox"/> Not Listed: _____				
Ethnicity:				
<input type="checkbox"/> Hispanic <input type="checkbox"/> African <input type="checkbox"/> Japanese <input type="checkbox"/> Caribbean <input type="checkbox"/> Asian Indian/South Asian <input type="checkbox"/> Korean <input type="checkbox"/> Central American <input type="checkbox"/> Cambodian <input type="checkbox"/> Middle Eastern <input type="checkbox"/> Mexican/Mexican-American/Chicano <input type="checkbox"/> Chinese <input type="checkbox"/> Vietnamese <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Eastern European <input type="checkbox"/> More than one ethnicity <input type="checkbox"/> South American <input type="checkbox"/> European <input type="checkbox"/> Prefer not to say <input type="checkbox"/> Prefer not to say <input type="checkbox"/> Filipino <input type="checkbox"/> Not listed: _____				

Participants Information	Is the participant a Veteran?		How did you hear about LA Found?	
	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Newspaper/bus signs/etc. <input type="checkbox"/> Alzheimer's Los Angeles <input type="checkbox"/> Television or Radio Ad <input type="checkbox"/> LA County Department: _____ <input type="checkbox"/> Social Media <input type="checkbox"/> Case/Social Worker <input type="checkbox"/> Police Department: _____ <input type="checkbox"/> Healthcare provider <input type="checkbox"/> Word of mouth <input type="checkbox"/> Other: _____	
Do you receive Medi-Cal or Medicare?				
<input type="checkbox"/> Yes <input type="checkbox"/> No				

Participant Information: Who is the device for?

Participants Locating Questions

Has the participant wandered in the past 12 months? Yes No
 (If so, how many times?) 1-2 3-4 5-6 7+
 Describe any wandering incidents or interactions the participant has had with law enforcement.

Things that might upset the participant (Touch, loud noises, sirens, etc.):

Things that might calm the participant down (music, favorite character, fast food, etc.)

Are there any places the participant frequently visits? Please list: _____

Previous residences and/or familiar locations for participant?

Nearby water sources where participant may be found?

Does the participant use any other devices or other form of wearable identification? (medical alert, cell phone, GPS device, etc.)

Does participant have access to or carry any form of weapons?

Agent (person authorized to act on behalf of Participant)

Personal

First Name:	Last Name:	Middle Name:	
Home Address (Number, street, Apt. #):	City:	State:	Zip:
Email Address:	Home Phone:	Cell Phone:	
Participant's preferred language			
<input type="checkbox"/> Armenian	<input type="checkbox"/> Chinese (Cantonese)	<input type="checkbox"/> Chinese (Mandarin)	<input type="checkbox"/> Cambodian
<input type="checkbox"/> Farsi	<input type="checkbox"/> Hindi	<input type="checkbox"/> Japanese	<input type="checkbox"/> Korean
<input type="checkbox"/> Spanish	<input type="checkbox"/> Tagalog	<input type="checkbox"/> Thai	<input type="checkbox"/> Vietnam
			<input type="checkbox"/> English
			<input type="checkbox"/> Russian
			<input type="checkbox"/> Not Listed: _____
Relationship to participant:	Date of Birth:	Preferred method of communication:	
		Email <input type="checkbox"/>	Phone <input type="checkbox"/>
			Mail <input type="checkbox"/>

Yes, please provide me important information via text. A maximum of 2-3 text per month will be sent.

Primary Caregiver (If different from Agent)

Personal

First Name:	Last Name:	Middle Name:	
Home Address (Number, street, Apt. #):	City:	State:	Zip:
Email Address:	Home Phone:	Cell Phone:	
Participants preferred language			
<input type="checkbox"/> Armenian	<input type="checkbox"/> Chinese (Cantonese)	<input type="checkbox"/> Chinese (Mandarin)	<input type="checkbox"/> Cambodian
<input type="checkbox"/> Farsi	<input type="checkbox"/> Hindi	<input type="checkbox"/> Japanese	<input type="checkbox"/> Korean
<input type="checkbox"/> Spanish	<input type="checkbox"/> Tagalog	<input type="checkbox"/> Thai	<input type="checkbox"/> Vietnam
			<input type="checkbox"/> English
			<input type="checkbox"/> Russian
			<input type="checkbox"/> Not Listed: _____
Relationship to participant:	Date of Birth:	Preferred method of communication:	
		Email <input type="checkbox"/>	Phone <input type="checkbox"/>
			Mail <input type="checkbox"/>

Yes, please provide me important information via text. A maximum of 2-3 texts per month will be sent.

Terms and Conditions

I and/or my Authorized Agent, agree to the following terms and conditions:

I acknowledge that the Authorized Agent, conservator, caretaker, or designee has been trained on how to use the Project Lifesaver tracking device. I agree to conduct daily testing of the device (especially battery) and record this information on the provided log. I understand that the device's battery must be changed every 60 days. I will only use batteries provided with the device.

I agree to the following terms and conditions:

- I acknowledge that I have been trained on how to use the Project Lifesaver tracking device.
- I agree to conduct daily testing of the device (especially battery) and record this information on the provided log.
 - Failure to test the device daily, replace the battery every 60 days, or use of third-party batteries will result in malfunction of the device, warranty and disqualification from the program.
 - The tracking device is property of the County of Los Angeles. You must notify the LA FOUND Unit at the phone number or email address above if the participant relocates residence within the County of Los Angeles. The device must be returned to LA Found Unit, Aging & Community Services, a new service branch under WDACS in the event of death of the participant, the participant moves outside of Los Angeles County or no longer wants to participate in the program.
 - I agree to comply with the informational and reporting requirements of the Project Lifesaver program, which shall be provided in a fact sheet.
 - I understand that I will be contacted by phone and/or email by LA Found/Los Angeles County Aging & Disabilities Department and Los Angeles County Sheriff's Department (LASD). Los Angeles County Aging & Disabilities Department and LASD may contact me to conduct periodic surveys and interviews to gather information that will be solely used for the program and kept confidential.

I agree to immediately call 911 if my loved one goes missing. I will inform the 911 operator that my loved one is a participant of Project Lifesaver and provide the three (6) digit tracking device code.

Agent Signature:

Date:

Acknowledgement and Certification

I have reviewed this application and certify that it is accurate and true to the best of my knowledge. I understand that the information I provide will be confidential and will only be used to determine the efficacy of the Project Lifesaver device and for program improvements. I acknowledge that my participation in the Program is voluntary and does not involve public interests.

I understand that the use of this device does not ensure the safety of the participant.

This is a tracking tool to assist in the locating of a participant. Moreover, there is no assurance that a participant will be located via this tracking device. I also release all liability from the County of Los Angeles, its Districts, Departments, elected and appointed officers, employees and agents, and the Project Lifesaver vendor.

Agent Signature:

Date:

LA Found Initiative
PROJECT LIFESAVER PILOT PROGRAM
Program Contract and Release

In consideration of being accepted into the Project Lifesaver Pilot Program, I hereby understand and agree to the terms and conditions set forth herein:

1. I, _____ (“Agent”) acknowledge that the information I have provided in the Project Lifesaver Tracking Device Application, attached hereto, is true and accurate to the best of my knowledge. All information provided has been given voluntarily, and I consent to the collection, use and disclosure of such information for the purposes of LA Found Initiative, which the Project Lifesaver Pilot Program is a part of. Furthermore, **I hereby declare that I have full power and authority, as indicated below, to register the Participant in this program and to act as a duly authorized Agent to act on his/her behalf.**
2. In order to participate in the Project Lifesaver Pilot Program, I understand that the Participant must be a resident of the County of Los Angeles (“County”). Should the Participant ever move from County, the Participant’s enrollment in Project Lifesaver will be terminated and all property must be returned to the County.
3. I understand that the Project Lifesaver device works on radio frequency and is not constantly monitored. I understand that when the person goes missing, I must immediately contact 9-1-1 to report the person as missing and notify the operator that the Participant is wearing a Project Lifesaver device.
4. I understand that when I enroll the Participant in Project Lifesaver, it does not replace the need for constant supervised care of the Participant. I am, and remain, primarily responsible for supervised care of the Participant and take full responsibility of protecting this person from wandering. I also understand that I, or a family member or other responsible adult, must be present with the Participant at all times.
5. I understand that Project Lifesaver equipment is designed to be an additional aid to help locate a missing person and that there is no warranty, representation or guarantee that a person will be found because they are wearing a Project Lifesaver Device. Project Lifesaver equipment is designed to provide law enforcement personnel with additional technology in attempting to locate the Participant. I also acknowledge that this is a pilot program for aiding in the search and rescue of persons suffering from diminished mental capacities and I willingly agree to participate in this pilot program.
6. For Project Lifesaver to work, I understand that I have a responsibility to obey the instructions of the Pilot Program, follow all training, making sure the Participant is wearing the Project Lifesaver device at all times and notify LA Found if the device is missing. I understand that I have the responsibility of making sure that the device does not get removed or is defective, and I will call the LA Found Unit immediately if I discover that the transmitter has been removed or is defective.

7. When I notice that the Participant has wandered off, I must immediately call 9-1-1 and report the Participant as a missing person. The Los Angeles County Sheriff's Department will respond to assist the law enforcement municipality in charge of the missing persons case in the search. I understand and acknowledge that the Project Lifesaver device cannot predict or report that the Participant has wandered off. It is used solely as an aid for emergency personnel when notified the Participant is missing.
8. I understand that while Project Lifesaver is an electronic tracking device that assists in locating persons who wear the device and that there may be unforeseen times or circumstances when individuals cannot be located even while wearing the device. The Participant and I agree that we will not hold Project Lifesaver or the County, Districts, Departments, elected and appointed officers, employees, and agents, (collectively the "Released Parties") liable for failure to locate the Participant using the device, and hereby release all such Released Parties from any and all liability, including but not limited to demands, claims, actions, fees, costs, damages and expenses (including attorney and expert witness fees), arising from any inability or delay in locating the Participant. I further agree to defend, indemnify and hold harmless the Released Parties from any claims associated with this agreement and the Participant's enrollment in the program.
9. I understand that all information I have provided in this application may be shared among local law enforcement, fire and rescue, and other necessary/participating agencies in the County, where Participant resides or wanders. 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 Project Lifesaver Pilot Program and LA Found Initiative.
10. I understand that Project Lifesaver Pilot is a program administered by Los Angeles County. I agree to release and hold the Released Parties 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 Project Lifesaver Pilot Program.
11. I understand that the transmitter and tester remain the property of the County of Los Angeles and when no longer being used by the Participant to whom it was assigned will be returned undamaged to the County 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, including battery replacement, until returned to the County. I further agree to hold Released Parties harmless from and against malfunctions caused to the transmitters.
12. I understand that Participant may be removed from the Project Lifesaver Pilot Study for any of the following reasons:
 - a. 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
 - b. I fail to notify LA Found, if I test the transmitter device and find no signal indication; or
 - c. The Participant refuses to wear the transmitter device or removes the device three times.
13. If Participant is terminated from the Pilot Program, all property must be returned to the County and I will return to the original security measures which were in place prior to enrollment in the Project Lifesaver Pilot Study, and without recourse to the Released Parties.

14. I agree to provide data requested by the County to assess the pilot. Requests of information may include surveys, data on the number of times the individual has wandered or if the individual wanders, and or an assessment after the wandering episode, to assess the tracking device.
15. I understand that the County would like to photograph Participants and/or Agents that participate in this project. I understand that I am not required to provide an interview or release any information to the media for this use. I understand that by signing this agreement, the County may photograph, videotape, and release the identity of the participant for use in the County intranet, the County's public website, LA Found Website, Los Angeles County Social Media Accounts, County Newsletter or other publication promoting County services and programs.
16. I understand that I have the right to give or withhold my permission to allow the County to photograph or videotape me and that the decision on whether to permit the County to photograph or videotape me will not affect my ability to receive benefits under this project.

I give permission for the County to photograph or videotape me and/or the Participant for purposes of the LA Found Initiative:

Yes No

By signing below, I affirm that I have read and understood the contract including all waivers, releases, and liability limitations. It is my desire and intention to enter in to this agreement and by signing below, I hereby agree to the terms and provisions of this contract.

Participant Printed Name _____

Agent Printed Name _____

I confirm that the box marked below provides the basis for my authority as the Agent. I understand that if requested by the County, I may be asked to provide valid proof of this relationship at any time and if I am found not to be an authorized Agent, the Participant may have to withdraw from this program:

Conservatorship Power of Attorney Agent with Advance Healthcare Directive

Or a Surrogate Decision Maker in the following order of priority:

Spouse

Domestic Partner

Adult Son or Daughter of the Participant

Custodial Parent of the Participant

Adult Brother or Sister of the Participant

Adult Grandchild of the Participant

Available Adult Relative with the closest degree of kinship to the Participant

Agent Signature

Date

LA Found Staff Printed Name

LA Found Staff Signature

Date
