



**Project Lifesaver Indianapolis Potential Prospective Client Form**

**Date Completed** \_\_\_\_\_

**Name of Potential Client** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Postal Code** \_\_\_\_\_

**Phone Number** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_

**Sex:** Male Female

**Condition that leads to wandering** \_\_\_\_\_

**Number of times person has wandered / brief description of circumstances...**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**How did you learn about the Project Lifesaver Program** \_\_\_\_\_

**Name of Caregiver** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Postal Code** \_\_\_\_\_

**Home Phone** \_\_\_\_\_ **Work Phone** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_

**Date of birth** \_\_\_\_\_

**Any additional pertinent information:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please return to the following:**

**Project Lifesaver Indianapolis**

**700 North High School Road**

**Indianapolis, IN 46214**

**Office: 317-247-8501**

**Fax: 317-248-4655**

**E-mail: michael\_pruitt@waynefire.org**