



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.

All Agents must sign the LA Found Project Lifesaver Pilot Contract and Release when purchasing or leasing a bracelet kit. This is a tracking tool 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. As part of the requirement of the Project Lifesaver program, the Los Angeles Sherriff’s Department will need to authorize the purchase of the device.

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

By mail to: Workforce Development, Aging, and Community Services Attention: LA FOUND UNIT 3333 Wilshire Boulevard, Suite 400 Los Angeles, CA 90010	By email to: LAFound@wdacs.lacounty.gov with subject line “Project Lifesaver”
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***If you have any questions, call 1-833 – 569 – 7651
 Monday – Friday 8:00 am to 5:00 pm.***

Are you interested in a free device? Please check here
Please note that you will be placed in a waiting list if there are no free devices available.
Are you interested in purchasing a device? Please check here
Device cost is \$375.

Participant Information: Who is the device for?

Personal	Last Name:		First Name:		Middle Name:		
	Nickname:				Date of Birth:		
	Home Address (Number, street, Apt. #):			City:		State:	Zip:
	Email Address:			Home Phone:		Cell Phone:	
	Mailing Address (if different from home address):				Preferred method of communication:		
					Email <input type="checkbox"/>	Phone <input type="checkbox"/>	Mail <input type="checkbox"/>
Height:	Weight:	Skin color:	Eye color:		Hair color:		

Demographics

<p>Sex at birth:</p> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to say	<p>Gender Identity:</p> <input type="checkbox"/> Male <input type="checkbox"/> Transgender <input type="checkbox"/> Questioning or Unsure <input type="checkbox"/> Prefer to self-describe: _____
<p>Sexual Orientation:</p> <input type="checkbox"/> Gay or Lesbian <input type="checkbox"/> Heterosexual or Straight <input type="checkbox"/> Another sexual orientation: _____	
<p>Race:</p> <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"/> Not Listed: _____	
<p>Ethnicity:</p> <input type="checkbox"/> Hispanic <input type="checkbox"/> Caribbean <input type="checkbox"/> Central American <input type="checkbox"/> Mexican/Mexican-American/Chicano <input type="checkbox"/> Puerto Rican <input type="checkbox"/> South American <input type="checkbox"/> Prefer not to say	
<p>Main language spoken at home:</p> <input type="checkbox"/> Armenian <input type="checkbox"/> Chinese <input type="checkbox"/> English <input type="checkbox"/> Farsi <input type="checkbox"/> Hindi <input type="checkbox"/> Japanese <input type="checkbox"/> Khmer/Cambodian <input type="checkbox"/> Korean <input type="checkbox"/> Russian <input type="checkbox"/> Spanish <input type="checkbox"/> Tagalog/Filipino <input type="checkbox"/> Thai <input type="checkbox"/> Vietnamese <input type="checkbox"/> Not listed: _____	
<p>Are you a veteran?</p> <input type="checkbox"/> Yes <input type="checkbox"/> No	<p>How did you hear about LA Found?</p> <input type="checkbox"/> Printed media/newspaper/bus signs/etc. <input type="checkbox"/> Television ad <input type="checkbox"/> Radio ad <input type="checkbox"/> Social media/Facebook/etc. <input type="checkbox"/> Case manager/social worker/healthcare provider ▪ Specify: _____ <input type="checkbox"/> Law enforcement ▪ Specify: _____ <input type="checkbox"/> County department ▪ Specify: _____ <input type="checkbox"/> Word of mouth <input type="checkbox"/> Other: _____

Mental, cognitive or physical impairment or medical condition, lasting at least 6 months, which substantially limits a major life activity.

Mental or cognitive Impairment

- Learning Disability
- Developmental Disability
- Alzheimer's
- Autism
- Other form of Dementia: _____

- Wandered in past 12 months (If so, how many times)
 - 1 – 2
 - 3 – 4
 - 5 +

Mobility impairment

- Type of mobility aid(s) used:
- Wheelchair Scooter
 - Walker Cane
 - Oxygen Tank Crutches
 - Service Animal None
 - Other: _____

Tracking device: _____

- Chronic health condition (including but not limited to chronic pain)

- Difficulty communicating
- Difficulty seeing
- Difficulty hearing, or having speech understood
- Not listed: _____

- Does not have an impairment
- Prefer not to say
- Not listed: _____

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:	
	Relationship to program participant:				Preferred method of communication:	
			Email <input type="checkbox"/>	Phone <input type="checkbox"/>	Mail <input type="checkbox"/>	

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:	
	Relationship to program participant:				Preferred method of communication:	
			Email <input type="checkbox"/>	Phone <input type="checkbox"/>	Mail <input type="checkbox"/>	

Terms and Conditions

I agree to the following terms and conditions:

I acknowledge that I have been trained 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.

- **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 pilot study.**
- **The device is non-transferrable and must be used ONLY by the individual it is registered to. If the device is used for purposes outside of this study, or the device is lost, I may be charged a replacement fee of \$350.**
- **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 by Los Angeles County Workforce Development, Aging & Community Services (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 pilot.**
- **I agree to comply with the informational and reporting requirements of the Project Lifesaver Pilot Study, which shall be provided in a fact sheet.**
- **I understand that I will be contacted by phone and/or email by WDACS and Los Angeles County Sheriff's Department (LASD). WDACS and LASD may contact me to conduct periodic surveys and interviews to gather information that will be solely used for the pilot study 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 (3) 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
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

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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

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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

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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 Printed Name

AGENT Signature

Date

LA Found Staff Printed Name

LA Found Staff Signature

Date
