



Project Lifesaver of North Augusta/Aiken County

Frequency: 216-

Lt. Chad Hyler
803-642-2056

Client No. _ACSO - _____

Application Form

Name: _____ Common name: _____

Social Security Number: _____ Sex: _____ Date of Birth: _____

Ethnicity of person with dementia or autism: _____

Marital Status: Married _____ Widowed _____ Divorced _____ Single _____

Address: _____

City: _____ County: _____ State: _____ Zip: _____

Phone (home): _____ (cell): _____ (work): _____

Caregiver's Name: _____

Primary Caregiver's Relationship to Patient: _____

Physician: _____ Phone: _____

Referred to Project Lifesaver by: _____

List below all members living in your household (excluding self):

<u>Name</u>	<u>Age</u>	<u>Relationship</u>	<u>Employer/Occupation</u>

Approved: _____ Denied: _____ Reason: _____



Agencies working together to save lives

