## PROJECT LIFESAVER Of LOUDON COUNTY, TENNESSEE

Program Application Phone 865-986-4823

**Applicant's Name:** (Name of individual for whom this application is being made.)

	FAMILY/CARI	EGIVER INFORMATION	
NAME:			
RELATIONSHIP TO APP Are you the Parent of, or Go the individual you are seeki	uardian of, or do you hav	ve durable power of attorney for healthcare that has been activate ifesaver? YES / NO	ed for
If not, please provide the na	ame, address, and phone	e number of who is, and their relationship to the Applicant:	
HOME ADDRESS:			
HOME PHONE:		CELL PHONE:	
E-MAIL ADDRESS:			
EMPLOYER NAME:			
EMPLOYER ADDRESS:			
FAX #W	VORK PHONE	WORK E-MAIL	
	ADDITIONAL FM	IERGENCY INFORMATION	
		CELL PHONE:	
E-MAIL ADDRESS:			
EMPLOYER NAME:			
EMPLOYER ADDRESS:			
FAX#	WORK PHONE	WORK F-MAII	

LCSO 101-11 1

## APPLICANT (PATIENT) INFORMATION

FULL LEGAL NA	ME:			
NICKNAME:				
When was the A	Applicant diagnose	ed?		
Date of Birth			Current Age	
Height	Weight	Eye Color	Hair Color	
Describe any dis	tinguishing physi	cal characteristics:		
How long has ap	oplicant been livin	ng at this address?		
		cant becoming lost of Attach additional pap	wandering from home? If yes per if needed/	, please describe
Name, address a	and phone of phy	sician diagnosing App	plicant:	
Describe any otl	her health related	problems:		
		cian sign below verify c diagnosis on front ¡	ring that the applicant is or ma	y be at risk for
Physician Name	(Printed)	 Date		
Physician's Sign	ature			

Please mail this application for to the **Loudon County Sheriff's Office, Attention: PROJECT LIFESAVER, 12680 Hwy 11 W, Suite 1, Lenoir City, TN 37771.** After receipt of this application, someone will be in contact with you to set up an appointment.