

SOUTH WHITEHALL TOWNSHIP POLICE DEPARTMENT 4444 WALBERT AVENUE ALLENTOWN, PA 18104 610-398-0337 – office 610-391-9471 – fax

www.southwhitehall.com



Date Of Application:	Prospective Client Name:	Applicant Applying for Client Name:	Relationship to Client:
Applicant Contact Phone Numbers:	1.	SWT Personnel Accepting Application:	Date Forwarded to Administrator:
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Project Lifesaver utilizes state of the art technology to aid in the searching for persons with Autism,
Alzheimer's or any other cognitive condition that causes wandering.

Potential clients must meet all of the following to be considered for the program:

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1	Be a permanent Resident in South Whitehall	Address:	Applicant Signature:
_	Township		SWT Personnel Signature:
	☐ Yes ☐ No		
2	Diagnosis from Board Certified Physician	Diagnosis:	Applicant Signature:
	(Copy must be attached)		SWT Personnel Signature:
	☐ Yes ☐ No		
	T		
3	Must have a caregiver with	Primary Caregiver:	Applicant Signature:
	them 24/7 (No time left unattended)	Secondary Caregiver:	SWT Personnel Signature:
	☐ Yes ☐ No		
	Must have	Briefly describe tendency or history of	Applicant Signature:
	History or	wandering and if police were involved:	
4	Tendency to		
	Wander		SWT Personnel Signature:
	☐ Yes ☐ No		

Please return completed applications to South Whitehall Township Police Department ATTN: Project Lifesaver Once accepted into the program, the Administrator will reach out to you at the number(s) listed above, to schedule an in-home visit with you, the client and your assigned South Whitehall Police Team Member.