



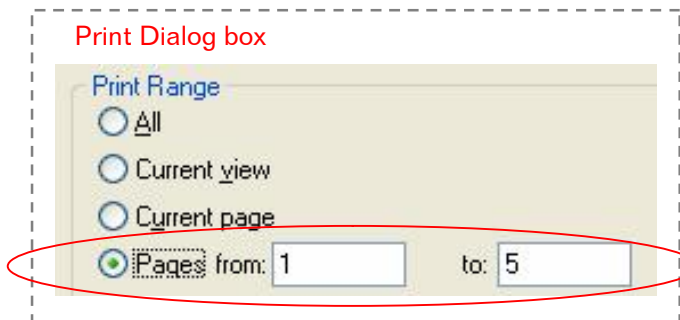
General Instructions for Fillable Forms

Please note that this is a fillable form and may be filled out on your computer. It is **NOT** the same as electronic filing and it is not possible to electronically submit this form — you must print it out, complete the entire application and then place a call to Deputy Jonathan Jacobson of the Olmsted County Sheriff's Office. Deputy Jacobson can be reached at **(507) 328-6780**. Please inform Deputy Jacobson that you have completed your Project Lifesaver application and would like to arrange a time to meet with him in order to review the application and receive the Project Lifesaver bracelet.

- After reading through these instructions, print off the entire form for completion. The form **must** be completed by hand, preferably blue or black ink.
- To print the form for completion, do **NOT** use your web browser's print function. Instead, use the print button at the left of the Adobe Reader tool bar, which appears immediately above the viewing window.



- Clicking on the print button launches a print dialogue box which gives you several options, including the option to print the entire document or specify a range of pages to print.



Since there is no need to include this instruction page when you print out or submit the form to RTAAF, we suggest you specify a print range beginning with Page 2 through Page 7.

In situations where you need more room than provided for entering information into a field, please attach your own supplemental information to the printed form.

- Please contact Deputy Jonathan Jacobson to arrange an appointment during which the application will be reviewed and the bracelet will be received.
- Please bring a check for payment in the amount of \$308.75 (made payable to RTAAF) to the initial meeting with the Olmsted County Sheriff's Office. This payment will cover the initial cost of the bracelet, as well as the first month's battery. Each month following the initial appointment, an additional appointment must be scheduled for a preventative maintenance check as well as to replace the battery. If you wish to pay for a year's worth of maintenance costs in advance, please bring a check for \$405 to your initial appointment. Your payment will be recorded and noted by RTAAF and the Olmsted County Sheriff's Office.
- Please also bring a recent picture of the Applicant (picture should be a close up, of the Applicant only if possible) to the initial appointment as well.



Project Lifesaver.
Saving Children's Lives.





RT Autism Awareness Foundation, Inc.

PO Box 5804 • Rochester, MN 55903
rtautism@yahoo.com • www.rtautismawareness.org

Project Lifesaver Enrollment Application

This application should be filled out by the **CAREGIVER** on behalf of the individual who will be enrolled in the Project Lifesaver Program.

We have divided the application into three sections—the first section requires information about you (the **CAREGIVER**), the second section requires information about the individual being enrolled (the **APPLICANT**), and the remaining section contains liability information and a release which we ask that you read carefully and then sign.

Remember, all sections (minus those indicated otherwise) are to be filled out by you **CAREGIVER**.

Applicant's Name: _____
(name of the individual whom this application is being made)

Date Transmitter Placed in Service: _____ **Transmitter Frequency:** _____
(Section to be completed by Olmsted County Sheriff's Office)

Section I: Caregiver Information

Caregiver's Name:	
Relationship to Applicant:	
Caregiver's Address:	
Caregiver's Home Phone:	Caregiver's Cell Phone:
Caregiver's Fax:	Caregiver's E-mail:
Name of Caregiver's Employer:	
Caregiver's Employer's Address:	
Caregiver's Work Phone:	Caregiver's Work Fax:
Caregiver's Work E-mail:	



Section I (continued): Family Member/Caregiver Information

Power of Attorney	
Do you have Power of Attorney for the individual you are seeking to enroll in Project Lifesaver? If not, please provide the name, address and phone number of the individual who does and indicate his/her relationship to the Applicant:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Name of the individual with Power of Attorney:	
Address:	
Phone:	
Relationship to Applicant:	

Secondary Emergency Contact Information	
Name:	
Relationship to Applicant:	
Address:	
Home Phone:	Cell Phone:
Fax:	E-mail:
Name of Employer:	
Employer's Address:	
Work Phone:	Work Fax:
Work E-mail:	



