



Okaloosa

Walton

**Membership Application**

The Autism Society of the Emerald Coast's mission is to serve as the leading voice and resource of the local autism community. Our vision is to be the area's leader in raising community awareness while providing support for individuals with autism and their families through outreach opportunities, educational programming and providing inclusion opportunities within schools and the community.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Main Phone Contact: \_\_\_\_\_

Age of child(ren)/adult(s) with ASD: \_\_\_\_\_

Please circle one:

Parent      Educator      Service Provider      Medical Professional      Other \_\_\_\_\_

**Would you be willing to assist with events & activities sponsored by ASEC? Yes \_\_\_\_\_ No \_\_\_\_\_**

Areas of volunteer interest:

ASEC Executive Committee Member

Workshop/Conference Planning

Going the Distance for Autism Committee

Fundraising

EMERGE (social skills groups)

Sponsorships

Other: \_\_\_\_\_

**Please check areas you would like to receive updates about:**

Family Support

IEP/Education Support

Treatment & Therapy

Diet & Nutrition

Transition to adulthood

Social Skills Support

Caregiver support groups

Other: \_\_\_\_\_



Attachment B

Okaloosa ASEC  
Project Lifesaver

**PERSONAL DATA QUESTIONNAIRE**

This form is designed for parents / caregivers to provide, in advance, information that will be useful to search team, should the need for a search arise. Providing this information will allow search and rescue to enter the client into the appropriate Project Lifesaver database, and for search teams to do their jobs faster. ALL information gathered will be held as **CONFIDENTIAL**, but during a search, may be shared with law enforcement, search and rescue, Fire, EMS and other necessary agencies.

**CLIENT INFORMATION**

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last name: \_\_\_\_\_

DOB: \_\_\_ / \_\_\_ / \_\_\_ Hgt: \_\_\_\_\_ Wgt: \_\_\_\_\_ Race: \_\_\_\_\_ Gender: M / F

Hair Color: \_\_\_\_\_ Skin Color: \_\_\_\_\_ Nickname: \_\_\_\_\_

Photo needed for database: Provided? Y / N \_\_\_ Digital? or \_\_\_ Paper? (can be returned)

Medical Condition: \_\_\_\_\_

Medical Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ St; \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Map Book Page: \_\_\_\_\_ Map Book Grid: \_\_\_\_\_ GPS Position: \_\_\_\_\_

Residence Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Circle one: Okaloosa Walton

**Has law enforcement been called due to wandering?** \_\_\_ Yes \_\_\_ No

**How many times has law enforcement been called?** \_\_\_ **Date last wandered:** \_\_\_\_\_



Attachment B Okaloosa ASEC  
**Caregiver 1:** First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ St; \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Notes: \_\_\_\_\_  
\_\_\_\_\_

**Caregiver 2:** First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ St; \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Notes: \_\_\_\_\_  
\_\_\_\_\_

**Caregiver 3:** First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ St; \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Notes: \_\_\_\_\_  
\_\_\_\_\_

**THIS SECTION TO BE COMPLETED BY PROJECT LIFESAVER PERSONNEL**

Client Member ID #: \_\_\_\_\_

Part #: \_\_\_\_\_ Serial Number #: \_\_\_\_\_

Transmitter Channel: \_\_\_\_\_ Transmitter Type: \_\_\_\_\_

Battery Due Date: \_\_\_\_\_

Status Comment: \_\_\_\_\_  
\_\_\_\_\_



## ASEC – PROJECT LIFESAVER Program Contract

When an Applicant is accepted into the Project Lifesaver Program, the following terms shall apply as agreed to upon signing the Project Lifesaver contract:

I acknowledge that the information I have provided 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 Project Lifesaver. Furthermore, I hereby represent and warrant that I have full power and authority as the duly authorized representative of the Applicant named below, to register and act on their behalf. My power of Attorney and / or Power of Personal Care are attached, if needed.

THEREFORE, IN CONSIDERATION of the mutual promises and obligations contained herein, the sufficiency of which is acknowledged, the parties agree as follows, each to their respective obligations:

1 I understand that when I enroll an Applicant in Project Lifesaver, that it does not replace the need for constant supervised care of the person. I am, primarily responsible for supervised care and take full responsibility of protecting this person from wandering. I also understand that I, or a family member or authorized caregiver, must be present in the home with the Applicant at all times.

2. 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 and search and rescue personnel with an additional technology in attempting to locate the Applicant. I also acknowledge that this is an experimental program for aiding in the search and rescue of persons suffer from diminished mental capacity or other disability.

3. In order for Project Lifesaver to work, I have a responsibility to obey the instructions of the Program, follow all training, and make sure the person that I enroll is wearing the Project Lifesaver transmitter bracelet. If the Project Lifesaver transmitter bracelet has been removed or is defective, I will contact Okaloosa ASEC immediately. ASEC will attempt to replace defective items within 72 hours of notification.

4. When I notice the enrolled Applicant has wandered off, I must immediately call 911 and the emergency number that is supplied by the Okaloosa Project Lifesaver (Crestview Fire Marshall, Crestview Police Department, or Okaloosa Department of Public Safety) and report the Applicant as a missing person. Project Lifesaver teams will respond to the search. I understand and acknowledge that the Project Lifesaver device cannot predict or report that the Applicant has wandered off. It is used solely as an aid for emergency personnel when notified the Applicant is missing.

5. I understand that while the Project Lifesaver is an electronic tracking device that assists in locating persons who wear the bracelet device, there may be unforeseen times or circumstances when individuals cannot be located even when wearing the transmitter bracelet. I will not hold ASEC, Okaloosa Search and Rescue, Project LifeSaver or any of its employees or volunteers, Provincial or city Law Enforcement or fire and rescue agencies (collectively the “releases”) involved liable for any failure to locate the person using the system, and hereby release all such Releases from any claim, cause of action, loss or damages arising from any inability or delay in locating the Applicant.



# ASEC – PROJECT LIFESAVER

6. A monthly battery replacement and service fee of **\$10** shall be payable on the maintenance meeting each month, by pre-authorized check, or proof-of-payment by credit card, or cash. If this monthly service payment is late, you may be required to return the transmitter bracelet and accessories to Okaloosa ASEC. If you have submitted an approved Financial Aid Application form, the monthly amount may be less or not required. Attendance to monthly maintenance meetings are mandatory to remain in the ASEC PL program.

7. I understand that all information I have provided in this application may be shared among, search and rescue, local law enforcement, fire and rescue, and other necessary agencies in the community where I reside. Therefore, I understand none of the information I have provided or will provide in the future can be considered confidential or protected or private when used for the purposes of the Project Lifesaver Program. (Notwithstanding the provisions of the Personal Information Protection and Electronic Documents Act).

8. I specifically waive any rights to confidentiality to the applicant’s medical information by Project Lifesaver International or any of Project Lifesaver’s member agencies which includes dissemination of such information. I confirm I have the authority by which to waive such rights.

9. I understand that Project Lifesaver is a program administered by ASEC and Okaloosa Rescue, law enforcement, and fire and rescue agencies, jointly. I agree to release and hold each agency and all of their respective personnel, officer and volunteers 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 Program.

10. I understand that, unless purchased outright by the Applicant, the transmitter (bracelet), tester, and accessories remain the property of ASEC and when no longer being used by the Applicant to whom it was assigned will be returned undamaged to ASEC 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 until returned to ASEC. In this instance, I agree to pay whatever restitution is required by ASEC.

11. I understand that if I fail to use the tester device at least once per day **and** record the results on the supplied test result daily inspection sheet, or if I fail to notify project lifesaver immediately if I discover the Applicant missing, or if I fail to notify Project LifeSaver if I test the transmitter device and find no signal indication, or if the Applicant refuses to wear or removes the device 3 (three) times, then the Applicant may be involuntarily removed from the Program. All ASEC property will be returned immediately to ASEC and I will return the original security measures, which were in place prior to enrollment in the ASEC Project Lifesaver, and without recourse to ASEC Project Lifesaver or its partner agencies.

\_\_\_\_\_  
Caregiver’s / Parent printed name

\_\_\_\_\_  
Caregiver’s / Parent Signature

\_\_\_\_\_  
Applicant’s Name printed

\_\_\_\_\_  
Witness - Signature

\_\_\_\_\_  
For Project Lifesaver/ Okaloosa Walton

\_\_\_\_\_  
DATE



Attachment D

## Project Lifesaver Missing Person Directions

**First: look for the missing person for no longer than 10 minutes**

**Then: Dial 911**

**Answer 911 operator questions:**

**and also provide the following information:**

**-You are reporting a missing person who wears a Project Lifesaver Bracelet transmitter.**

**-This missing person is on the Pensacola Council for the Aging Project Lifesaver Database.**

**-Also provide the following information:**

- 1. Missing person's name\_\_\_\_\_.**
- 2. Missing person's Client ID number:\_\_\_\_\_.**
- 3. Missing person's transmitter number: \_\_\_\_\_.**
- 4. Missing person's Transmitter Frequency: \_\_\_\_\_.**

**After talking with the 911 operator, call the nearest agency:**

**Crestview Fire Department, Fire Marshall: (850) 682-6121**

**Crestview Police Department: (850) 902-6428 / (850) 305-2905**

**Okaloosa County Public Safety: (850) (850) 651-7150**

**Okaloosa County Sheriff's Department (Shalimar): (850) 651-7547**

**South Walton County Sheriff's Department: (850) 419-2576**

**Give the client information (items 1 - 4 above)**

**If there is no answer, leave a message indicating you are reporting a Project Lifesaver missing person and have already notified 911. Your call will be returned.**

**Circle one: Okaloosa      Walton**

# ASEC – PROJECT LIFESAVER DAILY INSPECTION SHEET

Frequency #: \_\_\_\_\_ Transmitter #: \_\_\_\_\_ Client #: \_\_\_\_\_

Client Name: \_\_\_\_\_

To ensure your “Project Lifesaver” Transmitting Device is operational, you must check it daily.

Month: \_\_\_\_\_ Okaloosa      Walton      Next Visit: \_\_\_\_\_

Day	Time	Initials	Person Inspecting Equipment Mom/ Dad/ Sibling / Caregiver)	Comments (Optional)
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				
27				
28				
29				
30				
31				

To report any problem with the unit or bracelet, email: [PLI@asecfl.com](mailto:PLI@asecfl.com)



**Attachment F**

**Project Lifesaver Financial Aid Application Form**

**ASEC**

Please print

Applicant's Name: \_\_\_\_\_

Parent / Caregiver Name: \_\_\_\_\_

Number of Family Members living in your Household: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Residence is Circle one:        **Okaloosa**        **Walton**

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Documentation of Financial Need**

(Please check one and attach document to this form)

\_\_\_ **Preferred** – Front Page of most recent tax return with **Social Security Numbers blacked out** (for both parents, if married)

\_\_\_ Proof of free / reduced lunch status (on official on school letterhead)

\_\_\_ Unemployment notice

\_\_\_ Other (please explain and verify with ASEC for Approval)

Documentation of financial need is required to apply for financial aid. You may also include a letter explaining special circumstance, if you like. Autism Society of the Emerald Coast reserves the right to request additional documentation if deemed necessary. This process will be kept completely confidential. Return completed application to:

Autism Society of the Emerald Coast  
P.O. Box 1786  
Niceville, FL 32588

For ASEC Office use only:

Rcvd: \_\_\_\_\_  
date and initials

Proc: \_\_\_\_\_  
date and initials

Status: \_\_\_\_\_  
pending / approved / disapproved