

Boulder County Colorado Life Trak Client Application

Personal Data Questionnaire

This form is designed for Custodial Care Givers to provide certain information that will help determine if a client is eligible to participate in the Colorado Life Trak program. This form will also be used to provide useful information to search teams should the need arise to establish a more effective search response.

Client's name: _____ Age: _____
Address: _____
City/State: _____ Zip: _____
Phone: _____
Is this an assisted living facility or nursing home? _____
If yes, what is the name of the home or facility? _____
Nursing home or facility's phone number: _____

Client's Personal Data

Birth date: _____ Sex: Male/Female Race: _____
Nickname(s): _____
Most recent home address (if they have been moved to a nursing home or facility):

Most recent place of work:

Most recent occupation:

Name of Spouse: _____ Living/deceased (circle)

Physical Description

Height _____ ft. _____ in. Weight _____ lbs. Build _____
Hair color _____ Hair Style _____ Eye Color _____
Glasses Yes/ No Beard Yes/ No Sideburns Yes/ No
Mustache Yes/ No Balding Yes/ No False Teeth Yes/ No
Shape of facial features: Round/Square/Oval/Other _____
Distinguishing marks, scars, tattoos, etc. Describe _____
Does the client speak English? If not, what language is understood? _____
Does the client wear a hearing aid? _____
If yes, what type of hearing without Aid? None/Poor/Fair (circle one)
Does the client have vision problems? _____

If yes, what type of vision without glasses? None/Poor/Fair (circle one)

Health/Psychological Condition

What is the client's cognitive disability? _____

Does the Client have:

Any known physical handicaps? _____

(Describe please)

Any known medical problems?

(Describe please)

List any medication using correct name of drug and dosage being taken regularly: _____

Consequences of **NOT** taking medications?

Attending Physician _____ Phone No. _____

Caregiver or legal guardian's name: _____

Address: _____

City/State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Work Address: _____

Work Phone: _____

Please provide a copy of documentation of legal guardianship or responsibility over client.

Client Behavior:

This information will be used to assist Law Enforcement in location the client if a search is necessary.

1. **Has the client ever wandered or become lost before?** Yes/ No
When (month/year) _____ Time of Day _____
Where were they found and by who? _____
Was law enforcement called? Yes/ No If yes, what agency? _____

2. **Is the client allowed to drive or do they have access to a vehicle?** Yes/ No
3. **Does the client have a bus pass or frequently ride on public transit?** Yes/ No
If yes, where do the go? _____
4. **Does the client remain oriented to Time and Person?** Yes/No
Explain _____
5. **Does the client recognize familiar persons and faces?** Yes/No
Explain _____
6. **Can the client travel to familiar locations?** Yes/No
Explain _____
7. **Does the client have knowledge of current events or do they tend to re-live events in his/her life?** Yes/No
Explain _____
8. **Does the client sometimes clothe himself/herself improperly?** Example:
Putting shoes on the wrong feet, adding underwear over clothing? Yes/ No
Explain _____
9. **Does the client remember his/her own name and the names of spouse and or children?** Yes/No
Explain _____
10. **Does the client suffer from frequent personality and emotional changes?**
Yes/No
Explain _____
11. **Does the Client suffer from delusions (See Imaginary Visitors, Talk to his/her own reflection in the mirror, Imagine that their spouse is an imposter, etc)?**
Yes/No
Explain _____
12. **How good is the client's communication ability?** None/Poor/Fair/Good/ Excellent
13. **Does the client need the use of a cane, walker, or Wheelchair?** Yes/ No
If yes, describe: _____
14. **Is the client familiar with area?** Yes/ No
How long have they lived there? _____ Days/ Months/ Years
If not local, what other areas are known to Client? _____
15. **Is client afraid of...** Dogs? Yes/ No. The dark? Yes/ No. Noises? Yes/ No.
Horses? Yes/ No. People? Yes/ No. Police Officers? Yes/ No
Other (explain) _____

16. Will Client talk to or go with strangers? Yes/No

17. Is the Client DANGEROUS to him/herself or others? Yes/No (circle one)

18. Why do you feel the client is appropriate for and should be considered for participation in Colorado Life Trak?

19. Is the applicant a client of *IMAGINE!*? Yes/No (circle one)

If yes, who is their case worker? _____

I affirm that the information is true and accurate to the best of my knowledge. I understand that providing false and/or inaccurate information may result in a denial of the applicant's acceptance into the program.

I am aware that the information provided in this application may be shared with other agencies and individuals in the case of a search for the applicant as well as to determine the applicant's eligibility for the program.

Caregiver's signature

Date

Applicant's name

Applications can be mailed to:
Boulder County Sheriff's Office
Attn: Commander Heidi Prentup
5600 Flatiron Parkway
Boulder, CO. 80301