



**SOUTH WHITEHALL TOWNSHIP**  
**POLICE DEPARTMENT**  
 4444 WALBERT AVENUE  
 ALLENTOWN, PA 18104  
 610-398-0337 – office  
 610-391-9471 – fax  
[www.southwhitehall.com](http://www.southwhitehall.com)



<b>Date Of Application:</b>	<b>Prospective Client Name:</b>	<b>Applicant Applying for Client Name:</b>	<b>Relationship to Client:</b>
<b>Applicant Contact Phone Numbers:</b>	1. 2.	<b>SWT Personnel Accepting Application:</b>	<b>Date Forwarded to Administrator:</b>

**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:**

<b>1</b>	Be a permanent Resident in South Whitehall Township  <input type="checkbox"/> Yes <input type="checkbox"/> No	Address:	Applicant Signature:
			SWT Personnel Signature:

<b>2</b>	Diagnosis from Board Certified Physician (Copy must be attached)  <input type="checkbox"/> Yes <input type="checkbox"/> No	Diagnosis:	Applicant Signature:
			SWT Personnel Signature:

<b>3</b>	Must have a caregiver with them 24/7 (No time left unattended)  <input type="checkbox"/> Yes <input type="checkbox"/> No	Primary Caregiver:	Applicant Signature:
		Secondary Caregiver:	SWT Personnel Signature:

<b>4</b>	Must have History or Tendency to Wander  <input type="checkbox"/> Yes <input type="checkbox"/> No	Briefly describe tendency or history of wandering and if police were involved:	Applicant Signature:
			SWT Personnel Signature:

**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.**