



Pilot Clubs of Mineola, Quitman & Winnsboro

WOOD COUNTY PILOT CLUBS' PROJECT LIFESAVER  
Joyce Curry, President  
P. O. Box 3 Mineola, TX 75773  
903-569-2729  
curry@lcairwaves.com



Dear Caregiver,

The Pilot Clubs of Mineola, Quitman, and Winnsboro brought Project Lifesaver to Wood County in 2002. We are in partnership with the Wood County Sheriff's Department and Project Lifesaver International. Our goal is helping people with wandering diseases such as Alzheimer's and other forms of Dementia, Down's Syndrome, Mental Retardation, Autism, Traumatic Brain Injury and other types of brain injuries or diseases and to bring "peace of mind" to the caregivers.

To qualify, the recipient must be diagnosed by a physician to have one of these wandering diseases; be a resident of Wood County and have a caregiver who can check their transmitter bracelet daily and be able to notify the Sheriff's department immediately after the client has wandered away.

The process involves filling out a short application to the best of your knowledge and sign the Waiver of Liability, sending it to the above address. We are able to offer the transmitter, on lease, at the discounted price of \$250 and we do have financial aid available. Your application will be processed quickly.

At that time you will be contacted by a member of the Wood County Sheriff's Dept. for an appointment to be fitted for a transmitter, either at the client's home or at the Sheriff's Office. You will be required to fill out a six page detailed questionnaire, which will be entered into a data base at the Sheriff's Dept., along with a picture of the client that will be taken during the interview. Your responsibilities on the care of the transmitter will be explained at this time and you will sign a Letter of Agreement.

There is a fee of \$10 monthly, which will be billed after the first month's use, in whatever amounts are convenient. This fee covers the monthly change of batteries and wristband. All costs are subject to the changing cost of the equipment.

Feel free to call me at the number above for more information. It is our hope that we will bring safety to your loved one and peace of mind to you and your family through Project Lifesaver.

Serving you through Pilot International,

Joyce Curry, President

**PROJECT LIFESAVER**  
Wood County, Texas

The Caregiver and User (if appropriate) will be required to be completed a detailed information packet prior to placing a transmitter on User. A representative of the Wood County Sheriff's Office will contact the Caregiver to arrange an appointment to complete the forms.

At the time the forms are completed, the Caregiver must provide the following on a separate sheet:

- List of contacts (family, relatives, friends) with names, addresses and phone numbers.
- List of User's medication(s) including name of drug, dosage, prescribing physician, side affects, if any.

A picture of the User will be taken by the Sheriff's Office upon completion of the forms. This photo will be retained by the Sheriff's Office's as part of the User's Project Lifesaver records and used for reference purposes. Updated photos may be taken at subsequent dates as the Sheriff's Office deems necessary.



Pilot Clubs of Wood County

Mineola  
Quitman  
Winnsboro

# PROJECT LIFESAVER APPLICATION

Application Date: \_\_\_\_\_

## APPLICANT INFORMATION:

Name: \_\_\_\_\_ Phone # \_\_\_\_\_  
(Last) (First) (MI)

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

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Qualifying Brain-Related Disorder: \_\_\_\_\_

Attending Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

## CAREGIVER INFORMATION:

Name: \_\_\_\_\_ Home Phone # \_\_\_\_\_  
(Last) (First) (MI)

Street Address: \_\_\_\_\_ Work Phone # \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## ALTERNATE CONTACT:

(in case of emergency) Name: \_\_\_\_\_  
(Last) (First) (MI)

Home Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_

### Waiver of Liability

I UNDERSTAND THAT THE PILOT CLUBS OF MINEOLA, QUITMAN AND WINNSBORO, INDIVIDUALLY AND/OR COLLECTIVELY, ARE ONLY AN INTERMEDIARY AND I FREELY AGREE TO HOLD THE PILOT CLUBS OF MINEOLA, QUITMAN AND WINNSBORO, BOTH INDIVIDUALLY AND COLLECTIVELY, BLAMELESS OF ANY AND ALL FAULT.

AGREED AND EXECUTED this \_\_\_\_\_ of \_\_\_\_\_, \_\_\_\_\_  
(day) (month) (year)

Signature: \_\_\_\_\_  
CAREGIVER Date

Signature: \_\_\_\_\_  
PROJECT LIFESAVER WITNESS Date

### Return Completed Form to:

Joyce Curry, President  
Project Lifesaver  
P.O. Box 3  
Mineola, TX 75773