



**Project Lifesaver
Columbia County Sheriff's Office
Application Form**

Client's Name: _____ Common Name: _____

Social Security No. _____ Sex: _____ Date of Birth: _____

Marital Status: Married___ Widowed___ Divorced___ Single___

Address: _____

City/Town: _____ County: _____ State: _____ Zip: _____

Responsible Parties Name/Caregiver: _____

Relationship to Client: _____ Phone: (Home) _____ (Cell) _____

Physician's Name: _____ Phone: _____

Specialty: _____

How did you hear about project lifesaver? _____

List name of all members living in your household (Excluding Client)

<u>Name</u>	<u>Age</u>	<u>Relationship</u>	<u>Employer/Occupation</u>
-------------	------------	---------------------	----------------------------

Return the completed form to the address listed below:

**Project Lifesaver
Columbia County Sheriff's Office
Attn: Community Services Division
2273 County Camp Rd.
Appling, GA 30808
Phone: (706) 541-2856
Fax: (706) 541-2833**