



13101 E. Broncos Parkway, Centennial, CO 80112

# Arapahoe County Sheriff's Office

Sheriff Tyler S. Brown

*Committed To Quality Service With An Emphasis On Integrity, Professionalism And Community Spirit*

## Colorado Life Trak Program Information

In 2004, the Arapahoe County Sheriff's Office began a program to distribute personal transmitters that have the ability to locate a person who has wandered. The Colorado Life Trak Program is intended for persons who have diseases that create a tendency to wander. These conditions include: Alzheimer's, Dementia, Down Syndrome, Autism, Prader-Willi, brain injuries, and other brain disorders. The transmitters each emit a unique frequency, allowing a person to be located by the Sheriff's Office using tracking devices. These transmitters are similar to a watch in size and must be worn at all times to insure viability of the program. The goal of the Colorado Life Trak Program is to quickly and safely locate people who may feel the desire to wander frequently.

In the event that a client goes missing, the caretaker should immediately notify the Arapahoe County Sheriff's Office. Specially trained persons will be dispatched to locate the missing person, using tracking equipment. After arriving on scene, the average time to locate a missing person is under 30 minutes.

If interested in becoming enrolled in the Colorado Life Trak Program, please complete the following application and return it to Arapahoe County Sheriff's Office. The application will be reviewed and, if accepted, the caretaker will receive a transmitter and training regarding the operation and maintenance of the unit.

Thank you for your interest in the Colorado Life Trak Program.

Please return application or address questions regarding the program to:

Dan Johnson, Emergency Management Specialist  
13101 E. Broncos Parkway  
Centennial, CO 80112  
720-874-4028

# Arapahoe County Sheriff's Office Colorado Life Trak Application

## Program Requirements

Caretakers and clients who feel that they would benefit from this program must meet several requirements. This is necessary in order to ensure that the program is sustainable and serving the segment of the population that it was designed for. The conditions listed below must be met to be considered for the Colorado Life Trak Program with the Arapahoe County Sheriff's Office:

- ⇒ The client must have a condition that creates the desire to wander. Examples include: Alzheimer's, Dementia, Down Syndrome, Autism, Prader-Willis, brain injuries, and other brain disorders.
- ⇒ The client must have a caretaker that lives with them daily to perform regular upkeep of the transmitter and who would report a missing person (Note: the caretaker is not the only person who can contact the Sheriff's Office in the event of a missing person).
- ⇒ The caretaker must check the battery daily and change the battery monthly to ensure that the transmitter is working properly.
- ⇒ The client must not be able to drive or possess a driver's license.
- ⇒ The Arapahoe County Sheriff's Office must be informed as soon as possible in the event of a missing person.

*If you feel that the person you care for meets the above conditions please complete the following and return it to the Arapahoe County Sheriff's Office.*

### Personal Data Questionnaire

The following application is designed for the caretaker to provide specific information that will aid the Arapahoe County Sheriff's Office in determining if a client is eligible to participate in the Colorado Life Trak program. This form will also be used to provide necessary information to search teams should the need arise to respond to a missing person, which will enable a more effective search response.

**Client's Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**City/State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Home Phone Number:** \_\_\_\_\_

**Is this an assisted living facility or nursing home? Yes/No**

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 currently live in a nursing home or facility):

\_\_\_\_\_

**Most recent occupation:** \_\_\_\_\_

**Name of Spouse:** \_\_\_\_\_ **Living/Deceased** (Please 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 \_\_\_\_\_

**Alternate Phone Number(s):** \_\_\_\_\_

**Distinguishing marks, scars, tattoos, etc. Describe:** \_\_\_\_\_

\_\_\_\_\_

**Does the Client speak English?** Yes/No

If not, what language is understood? \_\_\_\_\_

**Does the Client wear a hearing aid?** \_\_\_\_\_

If yes, how is their hearing without the aid? None/Poor/Fair (circle one)

**Does the Client have vision problems?** \_\_\_\_\_

If yes, how is their vision without glasses? None/Poor/Fair (circle one)

**Heath/Psychological Condition**

**What is the Client's cognitive disability?** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Does the Client have:**

Any known physical handicaps? If yes, please describe: \_\_\_\_\_

Any known medical problems? If yes, please describe: \_\_\_\_\_

**Please list any medications and dosages being taken regularly:** \_\_\_\_\_

**What are the consequences of not taking these medications?** \_\_\_\_\_

**Attending Physician:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Caretaker Information**

**Name:** \_\_\_\_\_

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

**City/State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Work Address:** \_\_\_\_\_

**City/State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_

**Please provide a copy of document of legal guardianship of responsibility over the Client.**

**Client Behavior:**

This information will be used to assist law enforcement in the event that a client search becomes necessary.

**1. Has the Client ever wandered or become lost before? Yes/No**

If yes, when? (month/year)\_\_\_\_\_ Time of Day:\_\_\_\_\_

Where were they found and by whom?\_\_\_\_\_

Was law enforcement called? Yes/No If yes, what agency?\_\_\_\_\_

**2. Is the Client able 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 they go?\_\_\_\_\_

**4. Does the Client remain oriented to time and person? Yes/No**

If yes, please explain:\_\_\_\_\_

**5. Does the Client recognize familiar persons and faces? Yes/No**

If no, please explain:\_\_\_\_\_

**6. Can the Client travel to familiar locations? Yes/No**

If yes, please explain:\_\_\_\_\_

**7. Does the Client have knowledge of current events or do they tend to relive events in his/her life? Please explain:**\_\_\_\_\_

**8. Does the Client sometimes clothe himself/herself improperly? Examples include: putting shoes on wrong feet, adding underwear over clothing. Yes/No**

If yes, please explain:\_\_\_\_\_

**9. Does the Client remember his/her own name and the names of their spouse/children? Yes/No**

If no, please explain: \_\_\_\_\_

**10. Does the Client suffer from frequent personality and emotional changes? Yes/No**

If yes, please explain: \_\_\_\_\_

**11. Does the Client suffer from delusions** (seeing imaginary visitors, talk to his/her reflection in the mirror, imagine that their spouse is an imposter)? Yes/No

Please explain: \_\_\_\_\_

**12. How well can the Client communicate with others? None/Poor/Fair/Good/Excellent**

**13. Does the Client need the aid of a cane, walker, or wheelchair? Yes/No**

If yes, please explain: \_\_\_\_\_

**14. Is the Client familiar with the area in which they live? Yes/No**

How long has the Client lived in this location? \_\_\_\_\_

If the Client is not familiar with their current surroundings, are they familiar with other areas of the Denver metro area? Yes/No

If yes, please explain: \_\_\_\_\_

**15. Does the Client have a fear of... dogs? Yes/No      the dark? Yes/No      noises? Yes/No**

**Horses? Yes/No      People? Yes/No      Police Officers? Yes/No**

**Other? Please explain:** \_\_\_\_\_

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

If yes, please explain: \_\_\_\_\_

**17. Is the Client dangerous to him/herself or others? Yes/No**

If yes, please explain: \_\_\_\_\_

The Colorado Life Trak Program is designed to help locate persons who have gone missing as a result of a mental condition. The program is in no way intended to replace the need for supervision and daily care. The program is designed as a preventive, emergency measure to locate persons who have wandered. This being said, please briefly state measures that you and/or your family have put in place to prevent wandering.

---

---

---

---

---

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

**Signature of Caretaker:** \_\_\_\_\_

**Name of Client:** \_\_\_\_\_

**Date:** \_\_\_\_\_

# Arapahoe County Sheriff's Office Colorado Life Trak Program Contract

If accepted into the Arapahoe County Sheriff's Colorado Life Trak Program, the Client and Caretaker must agree to several terms of service. The following terms shall apply as agreed to upon the signing of this contract:

1. I understand that when a Client becomes enrolled in the Arapahoe County Sheriff's Office Colorado Life Trak Program, that it does not replace the need for constant supervised care of the person. The Caretaker remains primarily responsible for supervised care and takes full responsibility of protecting the Client from wandering.
2. The personal transmitter provided is free of charge, but remains the property of the Arapahoe County Sheriff's Office. In the event the decision is made to leave the program, move from Arapahoe County, or the Client is removed from the program, the transmitter and all other equipment provided must be returned to the Sheriff's Office immediately.
3. If any of the Client's information provided on the application changes, the Arapahoe County Sheriff's Office must be informed of the revisions.
4. There are several items that may be grounds for removal from the program. These include, but are not limited to: excessive loss or destruction of equipment, providing false/misleading information, failure to respond to communications from the Sheriff's Office and/or program volunteers, and failing to properly maintain and check the equipment as instructed. The Sheriff's Office reserves all rights to make these decisions.
5. If the Client loses or destroys an excessive amount of transmitters, they may be required to pay the cost of replacing all future transmitters. Again, this decision remains the right of the Arapahoe County Sheriff's Office.
6. In order to be eligible for this program, I understand that the Client must suffer from a brain disorder that creates the tendency to wander. I also understand that the Client shall not operate a motor vehicle while participating in this program, and that I have a responsibility to take reasonable measures to ensure that the Applicant does not have access to motor vehicle keys.
7. In the circumstance that the Client wanders, the Arapahoe County Sheriff's Office must **immediately** be informed. I understand and acknowledge that the Colorado Life Trak device cannot predict or report

that the Applicant has wandered off and that it is used solely as an aid for emergency personnel when notified the Client is missing.

8. I understand that all information I have provided in this application may be shared among Local Law Enforcement, Fire and Rescue, and other necessary agencies in the community where I reside. Therefore, I understand that none of the information I have provided or provide in the future can be considered confidential or protected or private when used for the purposes of the Arapahoe County Sheriff's Office Colorado Life Trak Program [notwithstanding the provisions of the Personal Information Protection and Electronic Documents Act]. I understand and consent that the information provided by me may be stored in the CCIC (Colorado Crime Information Center) database so it may be accessible by law enforcement in case of a search.
9. I understand that the transmitter provided is designed to be an additional aid to help locate missing persons and that there is no warranty, representation or guarantee that a person will be found because they are wearing a Colorado Life Trak bracelet. Colorado Life Trak equipment is designed to provide law enforcement personnel with additional technology in attempts to locate an Applicant.
10. I understand that while the electronic tracking device is an invaluable tool in locating persons who wear the device, there may be unforeseen times or circumstances when individuals cannot be located even while wearing the transmitter bracelet. I will not hold the Arapahoe County Sheriff' Office, any of its employees or volunteers, provincial or city law enforcement, or fire and rescue agencies involved liable for failure to locate the person using the system, and hereby release all such agencies from any claim, cause of action, loss or damages arising from any inability or delay in locating the Client.
11. I understand that Colorado Life Trak is a program administered by the Arapahoe County Sheriff's Office. I, on behalf of myself and the Client, agree to release and hold each agency, including but not limited to Arapahoe County and the Arapahoe County Sheriff, and all of their respective personnel, officers 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 Arapahoe County Sheriff's Office Colorado Life Trak Program.

I have read the terms and conditions of service as it pertains to the Arapahoe County Sheriff's Office Colorado Life Trak Program. I agree to fully cooperate with these guidelines and understand that if they are not followed the Client may be removed from the program.

\_\_\_\_\_

Client's Name

by \_\_\_\_\_

Caregiver's Name (Printed)

\_\_\_\_\_

Caregiver's relationship to Applicant

\_\_\_\_\_

Caregiver's Signature

\_\_\_\_\_

Date

Law Enforcement Signature

by \_\_\_\_\_

\_\_\_\_\_

Title/ Department

\_\_\_\_\_

Date