



# THE MARION COUNTY SHERIFF'S OFFICE

100 EXECUTIVE DR. MARION, OHIO 43302 740-382-8244 FACSIMILE 740-387-1067

## Project Lifesaver Client / Agency Agreement

- I understand the initial start-up cost of Project Lifesaver is \$\_\_\_\_\_.
- I understand the monthly cost of Project Lifesaver is \$\_\_\_\_\_.
- I understand I may be required to pay for all or part of the start-up and ongoing cost if alternate funding cannot be secured. However the Marion County Sheriff's Office, at its discretion may waive this fee based on individual financial circumstances.
- I understand that it is required that the client have 24-hour caregiver coverage and a primary participating caregiver providing daily ongoing hands-on care in order to be eligible for Project Lifesaver.
- I understand that I must enter into a mutual agreement with the Marion County Sheriff's Office.
- I understand that I must notify the Marion County Sheriff's Office if the client loses or removes the transmitter or is hospitalized and has the transmitter removed by hospital staff.
- I understand that I must notify the Marion County Sheriff's Office immediately once the caregiver becomes aware that the client is missing.
- I understand that I must notify the Marion County Sheriff's Office if I am planning on taking the client out of town for medical appointments, vacations, etc, as Project Lifesaver receivers may be available in other areas.
- I understand it is my responsibility to ensure that the transmitter is checked in the home on a daily basis and documented.
- The contract for use of the locator bracelet and all of the rights and responsibilities associated with that contract are herein incorporated by the reference.

\_\_\_\_\_  
Responsible Party

\_\_\_\_\_  
MCSO Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**NOTIFICATION NUMBERS:(740)382-8244 opt. 6  
or 9-1-1**